GROUPWARE TECHNOLOGIES, INC.

Provide® Enterprise Care Management Software

Palm Beach HIV/AIDS Care Network
CARE User Guide

Provide® Enterprise

Palm Beach HIV/AIDS Care Network
CARE User Guide

Updated April 23, 2015

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Introduction

The Palm Beach County Ryan White Part A programs have migrated from the Florida State run Ryan White Part B CareWare database system to the Provide® Enterprise (PE) system. All historical Client and Service data from the CareWare system that was entered by Palm Beach County funded Ryan White Part A providers was migrated to the new PE database.

The system is being utilized to accomplish a number of goals:

- Provide a care management tool to funded agencies that enables them to collect all required data.
- Provide a tool to funded agencies to produce the Annual Ryan White Services Report (RSR) data file which is uploaded directly to HRSA.
- Enable agencies to also document their ARTAS Enrollments and services.
- Enable agencies to also document their HIV Counseling and Testing and Outreach activities.
- Improve the consistency and reliability of the data collected.
- Reduce duplication of services to clients.
- Ensure continuity of care by integrating all potential points of client entry.
- Facilitate improved community planning with more accurate and comprehensive information on the clients being served and the impact of the services being delivered.
- Coordinate care between provider agencies.

Note: The Florida ADAP program is also planning to migrate to the PE system and that should enable us to more tightly integrate eligibility management and enrollment of clients that reside in the Palm Beach County EMA.

This User Guide is organized into sections to help you determine what data you need to enter into Provide® Enterprise in order to meet your data collection and reporting requirements.

Chapter

2

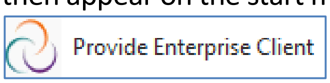
Navigating Provide Enterprise

Prior to accessing the Provide® Enterprise database for the first time, the Provide® Enterprise Client Software will need to be installed on your computer. For Installation instructions, please see the Provide® Enterprise Installation Guide.

Logging into Provide® Enterprise

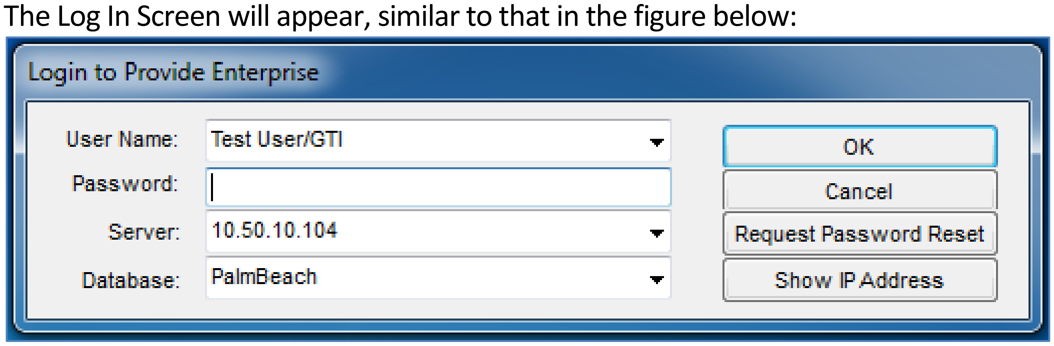
To launch Provide® Enterprise, you will want to double click with your mouse on the Provide® Enterprise Client Icon that has been placed on your Desktop during installation (similar to that in the figure below). The Icon is appearance is somewhat transparent.

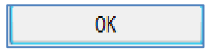
Also, you may “Pin” the icon to you task bar by right clicking on the icon and clicking on “Pin to Taskbar.” The icon will look similar to this  and be on your task bar. You can also a “Pin to Start Menu” by right clicking on the icon and clicking on “Pin to Start Menu.” It will then appear on the start menu of your computer and appears similar to



.

The Log In Screen will appear, similar to that in the figure below:

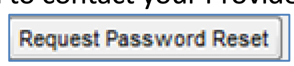


Enter the User Name, Password, Server and Database provided by your System Administrator. Click on the 

button to log into the system.

NOTE: After you have logged on for the first time, the User name, Server and Database will be automatically saved on your computer and will be populated in the login dialog box on future logins. You will only need to re-enter your password.

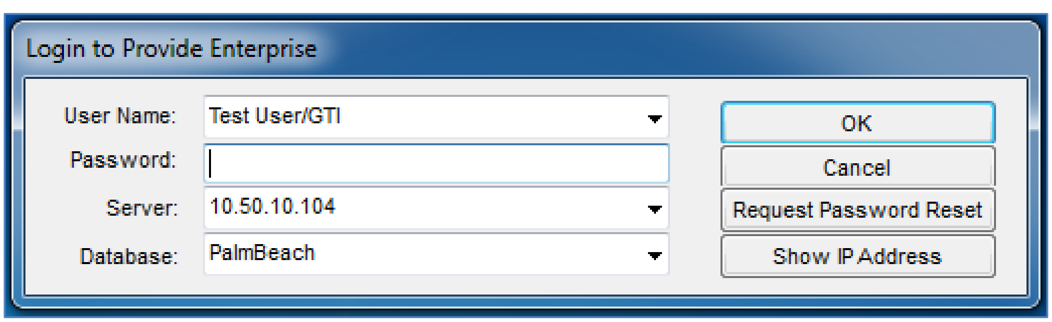
As Provide® Enterprise is loading you will notice a window similar to the following on your screen:

As a security measure, Provide® Enterprise will automatically lock your account after three consecutive failed logins. If this happens, you will need to contact your Provide® Enterprise Administrator to reset your account or you can click on 

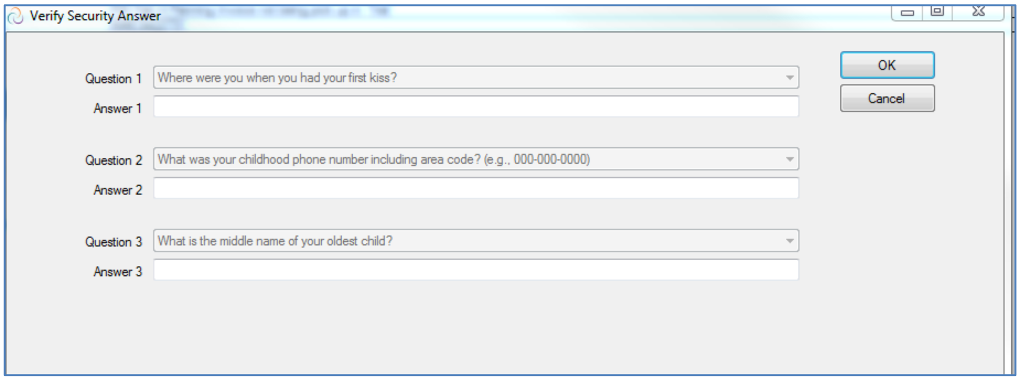
and answer security questions to re-set your password.

Request Password Reset

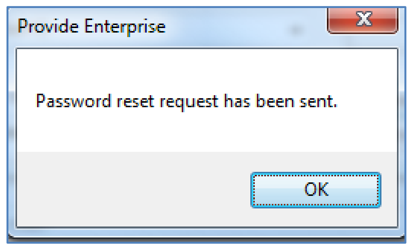
After you have your security questions (see "Setting Your Security Question" section below for detailed direction on establishing your security questions) you can request a password reset when logging-in by clicking on "Request Password Reset."



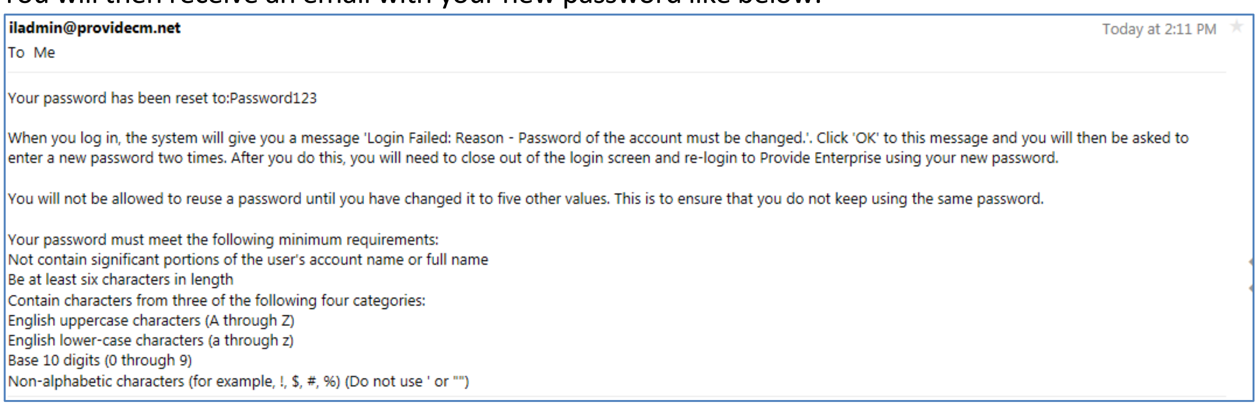
- After clicking on "Request Password Reset," your security questions will appear for you to answer.



- After you answer the questions, click on "OK."
- After clicking "OK." You will receive the message below that a password reset request has been sent your email address.



- You will then receive an email with your new password like below:


iladmin@providecm.net Today at 2:11 PM
To Me

Your password has been reset to:Password123

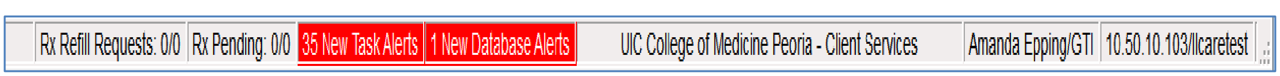
When you log in, the system will give you a message 'Login Failed: Reason - Password of the account must be changed.'. Click 'OK' to this message and you will then be asked to enter a new password two times. After you do this, you will need to close out of the login screen and re-login to Provide Enterprise using your new password.

You will not be allowed to reuse a password until you have changed it to five other values. This is to ensure that you do not keep using the same password.

Your password must meet the following minimum requirements:
Not contain significant portions of the user's account name or full name
Be at least six characters in length
Contain characters from three of the following four categories:
English uppercase characters (A through Z)
English lower-case characters (a through z)
Base 10 digits (0 through 9)
Non-alphabetic characters (for example, !, $, #, %) (Do not use ' or "")

Status Bar

An example of the Status Bar appears below. This is variable for each customer and the user's preferences, security, and the user's customization.



Rx Refill Request: The number of Prescription Refill Requests you have.

Rx Pending: The number of Prescriptions that are pending your authorization.

New Task Alerts: The number of task alerts that you have. (This is based on your selection in your Task Alert View). This will be highlighted red until you view the alerts.

New Database Alerts: The new database alerts for you. This will be highlighted red until you view the database alert.

User Security: This is your current user security. (In the example above: UIC College of Medicine Peoria- Client Services).

User Name: This is your user name when logging into Provide. (In the example above: Test User/GTI).

Database: This is the database you are currently logged into. (In the example above: 10.50.10.104/PalmBeach).

Windows Toolbar

If you do not have a Start-up Action defined when you log into Provide® Enterprise for the first time, all you will see is the Windows Toolbar, similar to the following. By clicking on each of the menu choices you will have different choices for configuring, navigating or viewing information. Some of the more important menu choices will be discussed below:

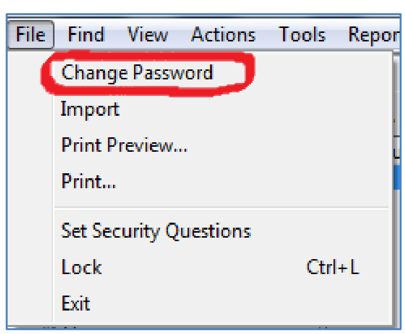
File Menu

The File Menu options are outlined below.

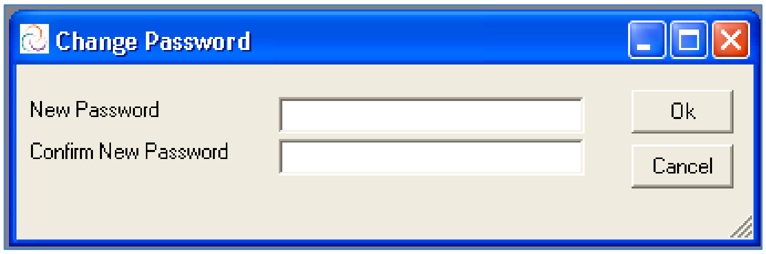
Change Password

You can change your password in Provide® Enterprise by completing the following steps.

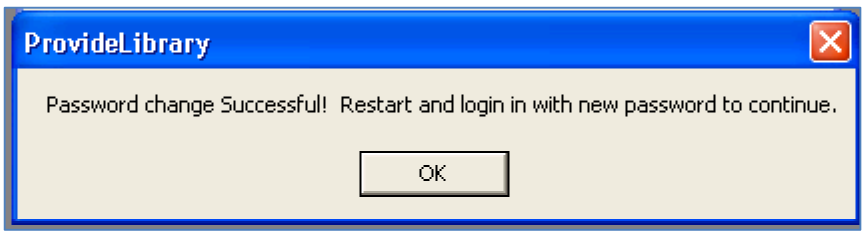
- From your Windows menu choose "File" and then "Change Password" as shown below.



- The following window will appear:



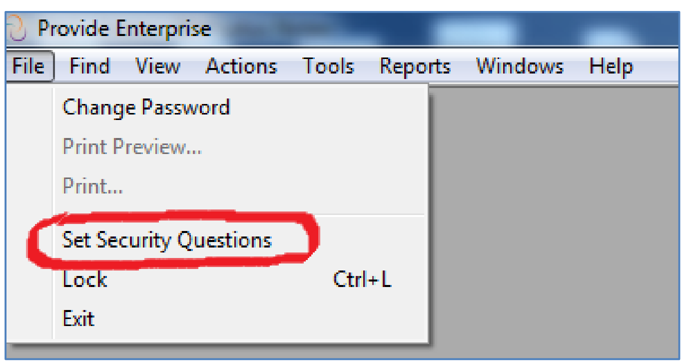
- Type your new password two times.
- Next, click on the  button. A message similar to the one in the figure below will appear:



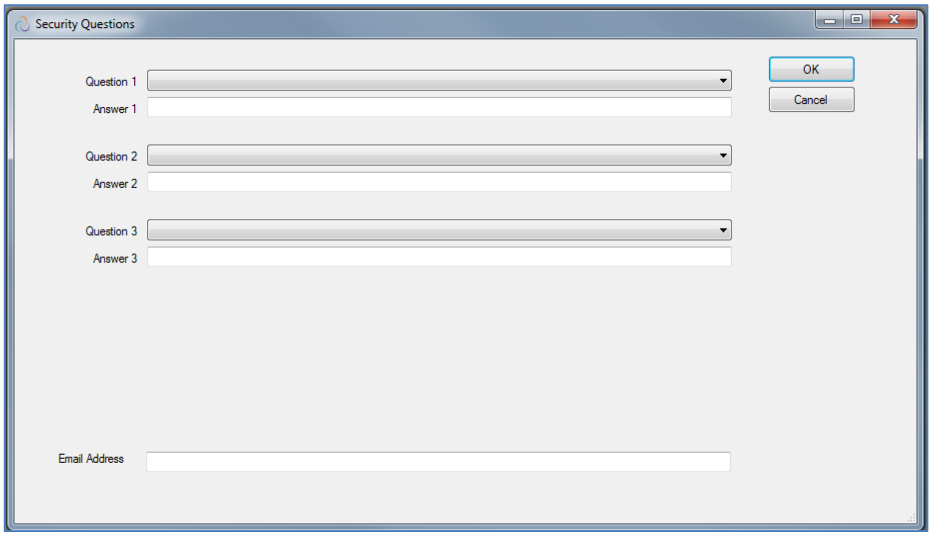
- Next, click on the  button. Your Provide® Enterprise software will automatically be closed and you will need to log back in using the new password.

Setting Your Security Question

To set your security questions in Provide, when you are in the system, click on File – Set Security Questions.



- Select security questions and corresponding answers. You also will need to enter your email address.

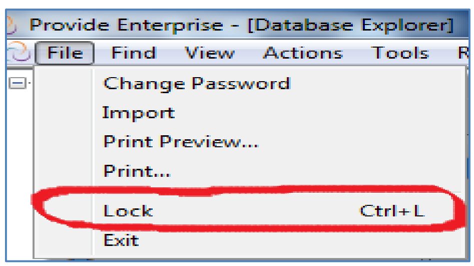


- After the information, click “OK.” You may set or re-set your security questions at any time.

Lock

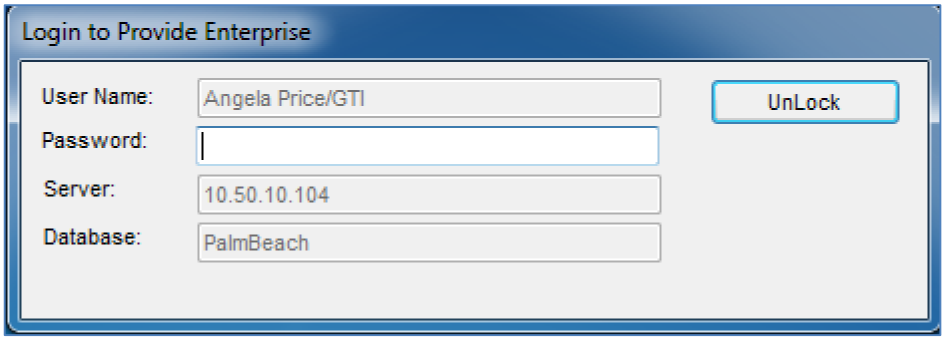
If you wish to lock Provide® Enterprise in order to prevent anyone else from accessing your data when you are away from your computer, please follow these steps:

- From your Windows menu choose “File” and then “Lock” as shown below.



- You will notice that Provide® Enterprise will immediately be minimized.

- Click on the Provide® Enterprise Window on your Windows Taskbar (example shown above) and the following window will appear:



- Type in your password, and then click on the  button. You will be brought back to the same screen you were on at the time that you locked Provide® Enterprise.

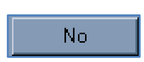
Print

Using the File-Print command will print the document you are viewing or the view you have open. You may also select File – Print Preview to view a preview of what has been selected to be printed before actually printing the document.

Exit

Using the File – Exit command will close Provide® Enterprise and take you back to your Windows Desktop.

- When you click on the File – Exit command you will see the following window appear on your screen:

- Select  to exit or  to continue working in Provide® Enterprise.

Find Menu

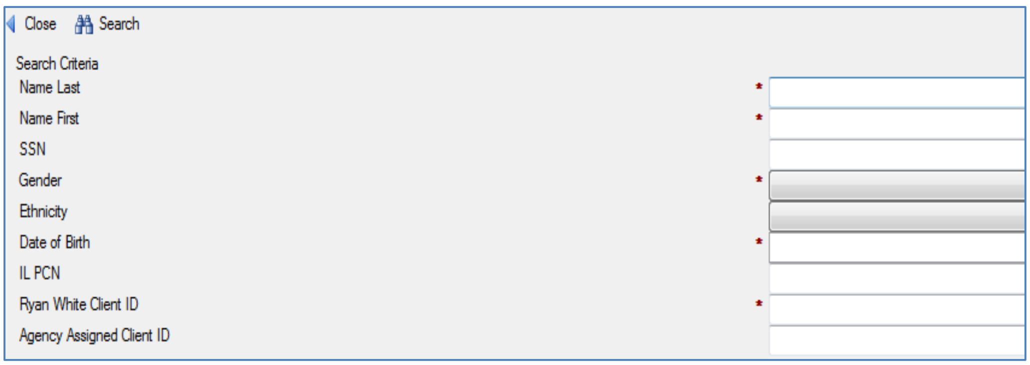
The Find Menu in Provide® Enterprise is customized for every Provide® Enterprise implementation and the list of options can be variable based on the user rights. The "Find Client" below is one example of how a "Find" sort works.

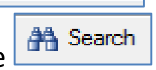
Find Client

You can bring up the Find - Client tool in Provide® Enterprise by completing the following steps.

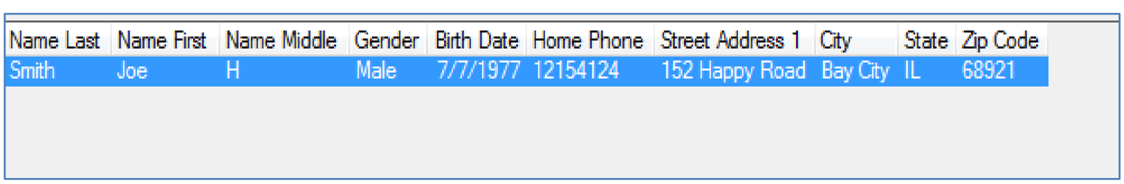
- From your Windows menu choose "Find" and then "Client" as the following shows.

- A window similar to the one below will appear:



- Type in one or more of the search fields and then click on the 

button. You can enter an asterisk (*) as a wild card to do more general searches. If multiple fields are entered, only those client records that match all of the values will be found.
- After the search is completed, the Client records that match the search criteria are listed and displayed below the search dialog in a view like the one below:

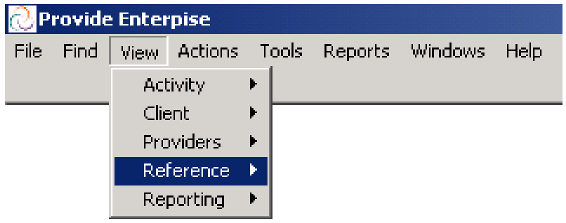


- Simply double click on the record that you wish to view in order to open the desired Client Profile.

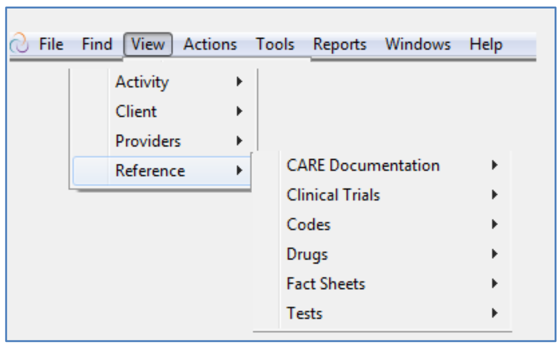
View Menu

The View Menu allows you to select a view of records to be displayed. Each Provide® Enterprise customer has the ability to define their own views. Any time there is a  in a view, you can expand the sub categories that are defined as a part of that particular view.

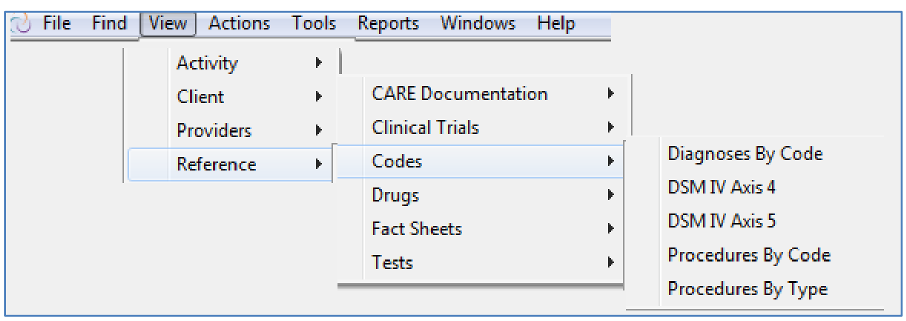
Notice what happens in the example below when picking the “Reference” view:



The view expands to include a further break down of the Reference category.



When you click on “Codes” the view expands to include a further break down of the “Codes” category.

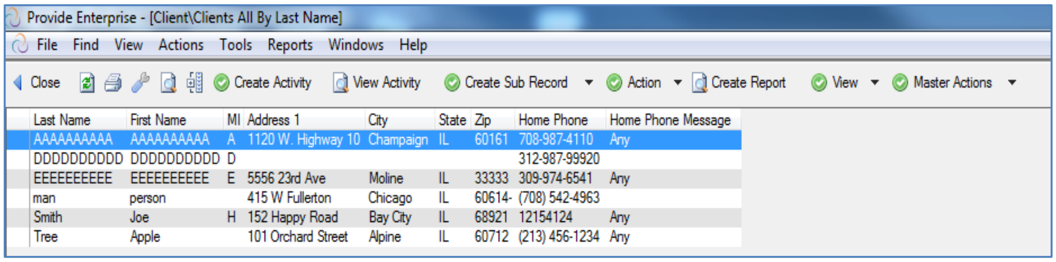


You now can see that there are five different “Codes” views to choose from. Click on the one that you wish to display. Once the view has opened, you can double click on any record that you wish to open.

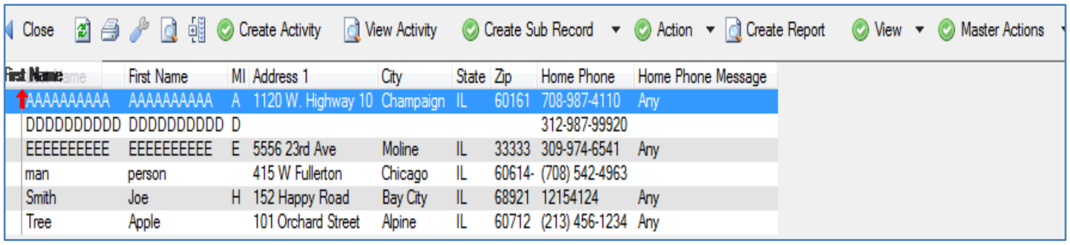
Changing/Sorting Views

In Provide® Enterprise, you can change how the views are displayed to you. You can sort any views by simply dragging columns depending if you want to view columns in a specific order.

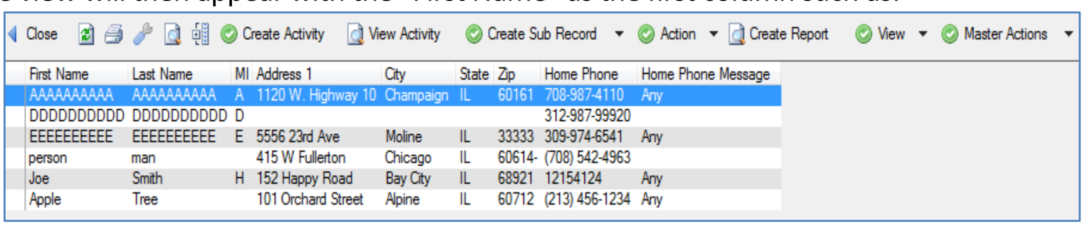
For example, if you want to display a client list by last name it would appear:



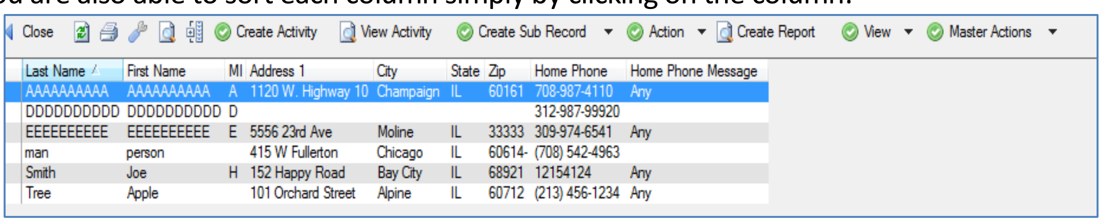
However, if you want to display your client list by first name, you would click on the first name and drag it in front of the last name column. As seen below: (notice the red arrow)

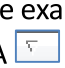


The view will then appear with the "First Name" as the first column such as:

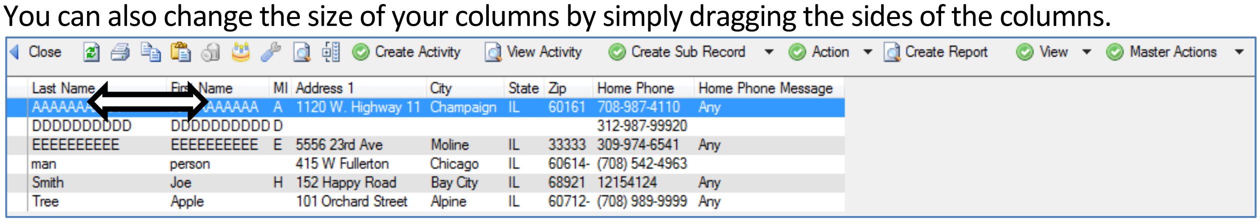


You are also able to sort each column simply by clicking on the column:

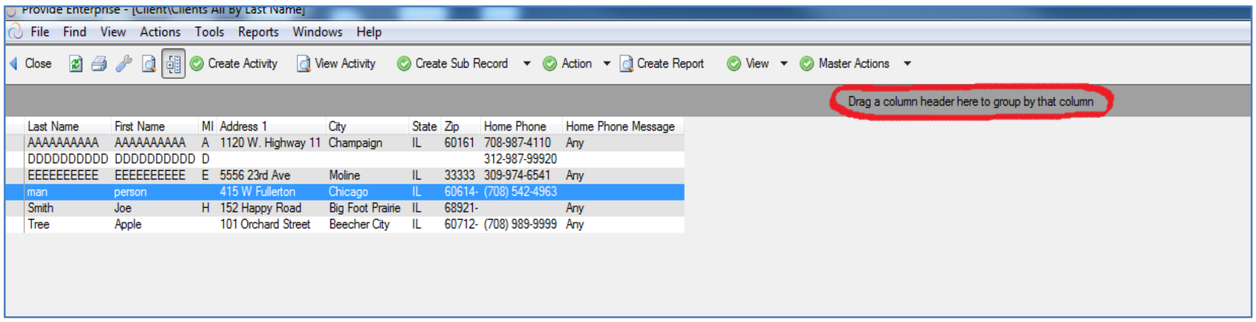


A  will be displayed in the column indicating the direction of the sort. In the example above, the last name is sorted by descending alphabetical order (sort A→Z). A  would indicate ascending order (sort Z→A). Clicking one time will give you descending order and clicking twice will give you ascending order.

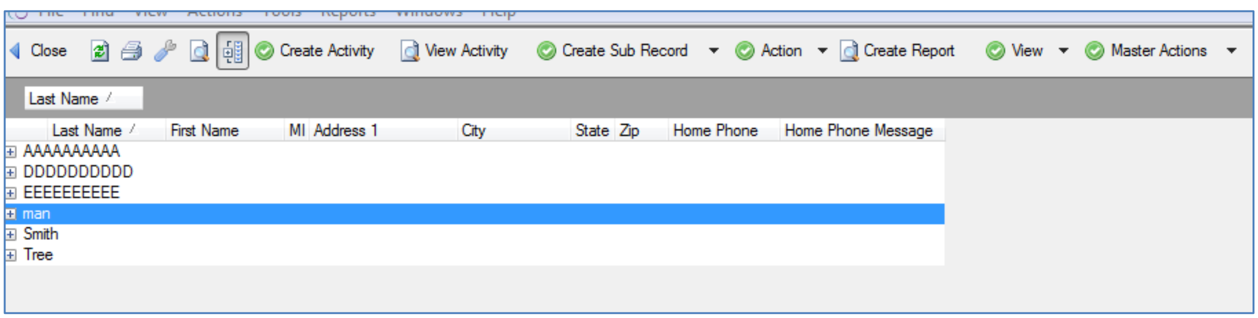
You can also change the size of your columns by simply dragging the sides of the columns.



y view that you are attempting to search, you can also group the view by clicking on on top of the page. After you click on the icon, your screen will appear like the one below. You will see the screen below and “Drag a column header here to group by that column.”



Drag the column header to the designated area to group by that view. For example, if you want to group your view by last name, you can drag the column “Last Name” into the box as seen below:

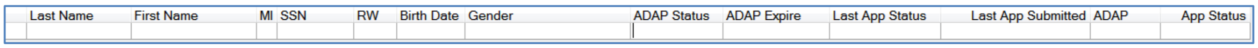


To “Un-Group” your view, drag the column out of the designated area. You can then click on the on the  button again to remove the filtering column header gray box from your view.

These sorting/grouping options are available in all views. When you log-off of Provide, the views will return to their default; therefore, you will need to re-sort your views.

Filtering Views

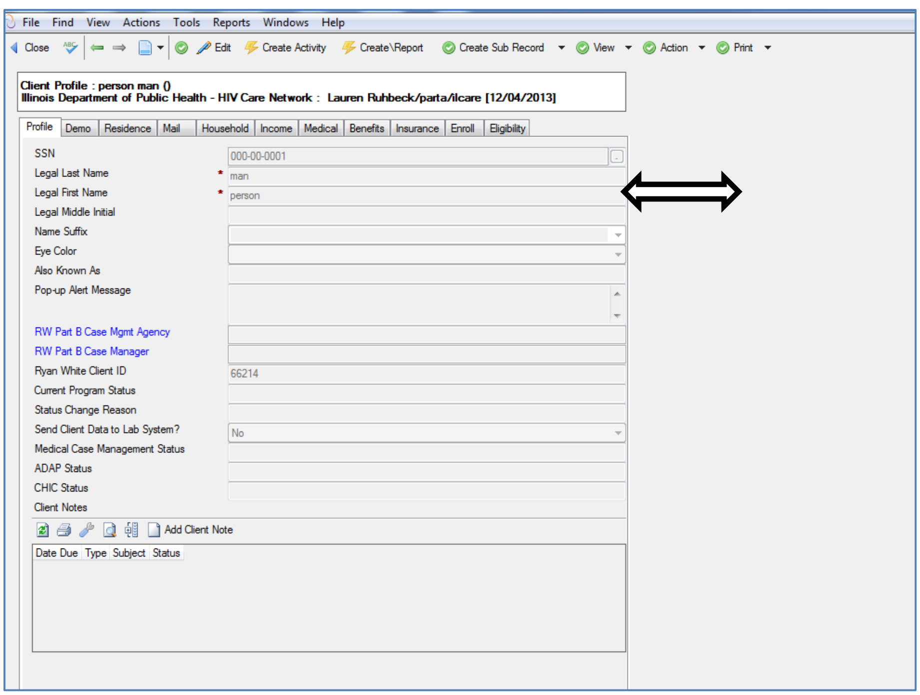
To filter a view, click on to show the filter bar. A bar will appear on top of your screen similar to the one below depending on the view you are currently viewing:



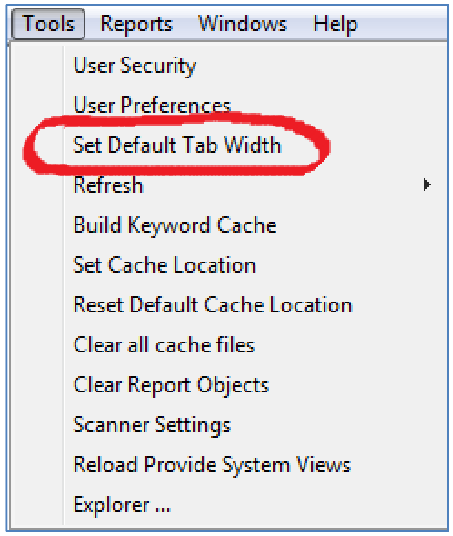
In any of the boxes, you may filter your view. For example, if you would like to view all of your clients that are “Open” to ADAP, you can simply enter “O” in the ADAP Status box. This will filter your view to only see your clients that are open to ADAP. To remove the view filter, simply delete the text you entered (in the example above, delete the “O”). If you do not want to see the filter bar, click on to remove the filtering bar from your view.

Adjusting Tab Sizes

You can also change the size of your tabs by simply dragging the side the tab.

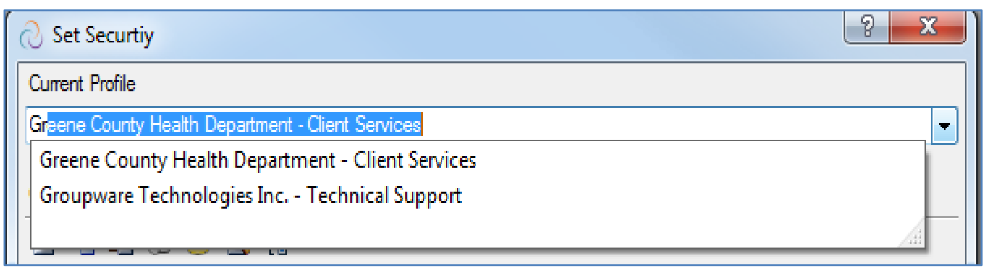


Once you have the tabs the size you would like, you can set the size as your default tab size by clicking on Tools – Set Default Tab Width. This will save your default tab width.

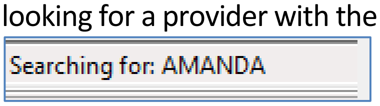


Type Ahead in Views

In any view that you are attempting to search, you can "Type Ahead" to help increase the speed of your searching. These filtering options are available in all views. When you log-off of Provide, the views will return to their default; therefore; you will need to re-sort your views. In the example below, if you were searching for Groupware Technologies, you could start typing "GR" and the choices will start to load for you.



In any field, you may type ahead to assist in your search. When you are typing ahead on the bottom of the screen you will see what you are typing/searching for example if you were looking for a provider with the first name of Amanda, and typed "Amanda" it will show:



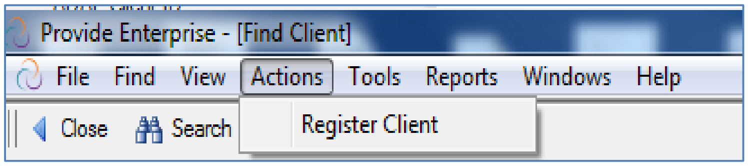
on the bottom of the screen and jump to "Amanda" on the provider list.

Actions Menu

There is one available action here that is used to register a new client in Provide® Enterprise.

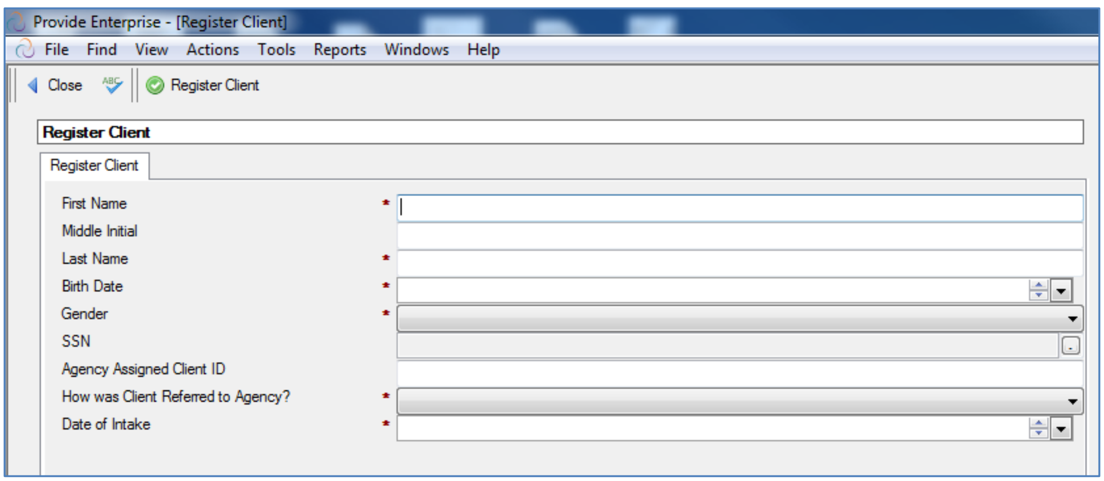
Register Client

In order to register a client in Provide® Enterprise go to the Windows Toolbar, select "Actions" and then "Register Client".



If your current user profile does not allow you to register clients, you will get the following error:

If your current user profile does allow you to register clients, a window similar to the one below will appear on your screen:



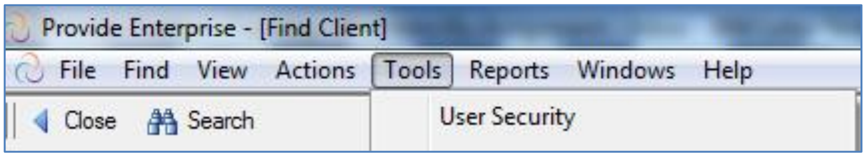
NOTE: This screen will be discussed in more detail later in this guide.

Tools Menu

From the Tools Menu, you can set user preferences or refresh design elements.

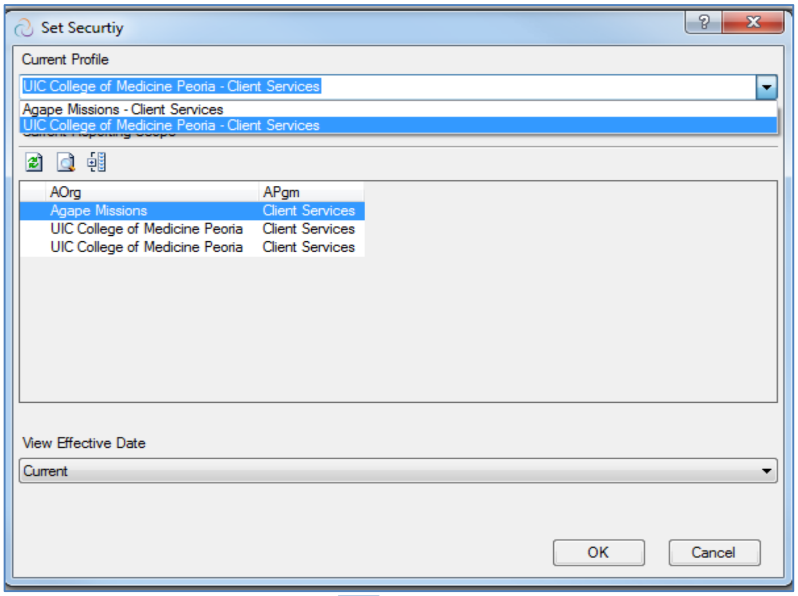
Set-Security

Provide® Enterprise allows for a variety of user preferences to be set. Click on Tools and click on User Security.



Current Profile

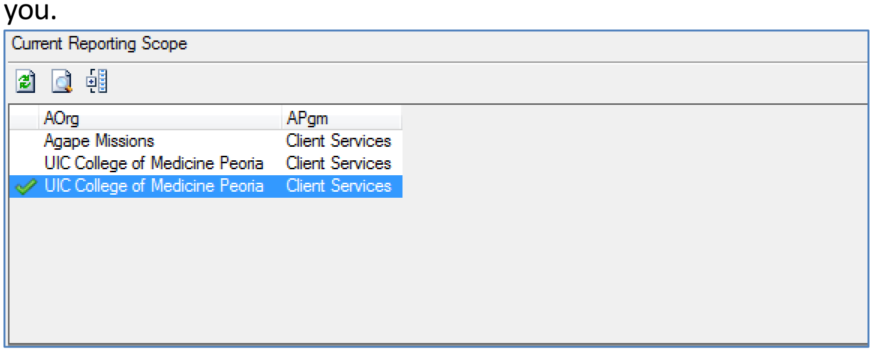
The Current Profile box allows you to select and/or change the User Profile that you wish to enter and/or view information from.



To change your current profile, click on the  and then select the profile.
The Set-Security Dialog Box consists of four different tabs, which will be discussed below.

Current Reporting Scope

The Current Reporting Scope reflects the User Profiles that your System Administrator has defined for you.



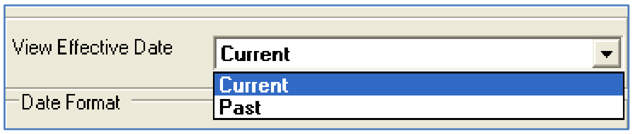
The Current Reporting Scope reflects the User Profiles that your System Administrator has defined for you. To select reporting scopes, click on the scope and a green check mark will placed next to the scope selection.

View Effective Date

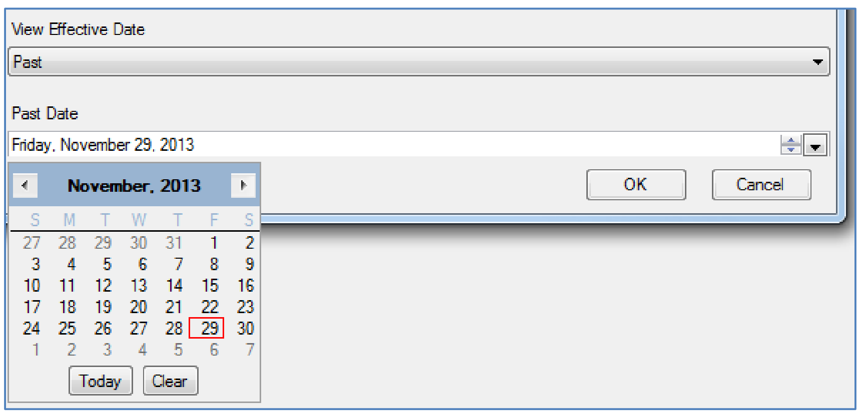
The View Effective Date preference allows you to select how you want to view client information, Current records or records as of a particular date range in the past.

To change the View Effective Date, follow these steps:

- Click on the  next to the View Effective Date field. Your two choices can be seen in the following figure.



- If you select "Past", an additional field (seen in the figure below) will appear to allow you to select the date that you wish to view information from.



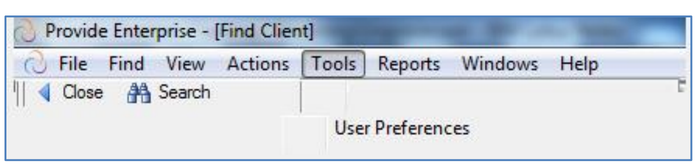
- Simply click on the appropriate date in the calendar. To scroll between months, click on the  or  buttons.

Preferences

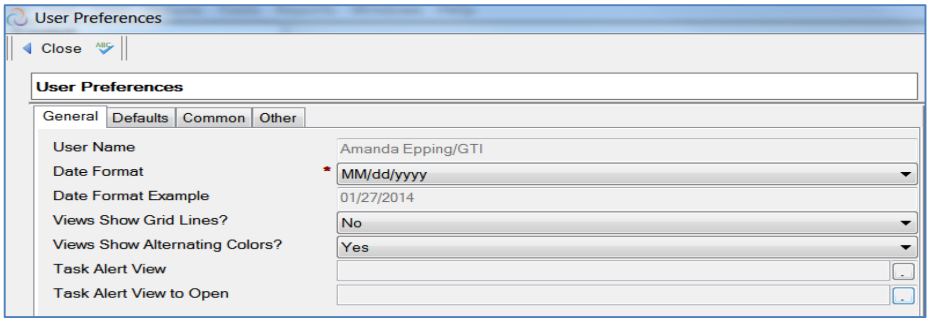
Provide® Enterprise allows for a variety of user preferences to be set.

Opening the User Preferences Dialog

To open the User Preferences Dialog box in Provide® Enterprise, follow the steps below: From the Windows Toolbar (in the figure below), select "Tools" and then "User Preferences".



This will activate the User Preferences Dialog seen in the figure below:



The User Preferences Dialog Box consists of four different tabs, which will be discussed below.

General Tab

The General Tab of the User Preferences consists of the most basic preferences you can define in Provide® Enterprise.

Date Format

The Date Format user preference allows you to select the format of all date fields within the Provide® Enterprise system.

To change your default Date Format, simply follow these steps:

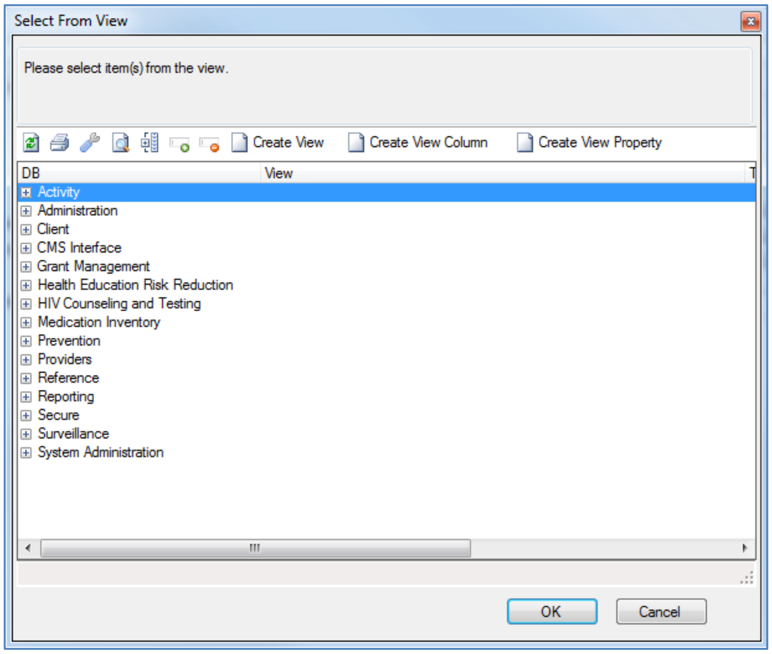
Single click in the button on the date format line and select the date format you wish to use.

Display: View Grid Lines/Alternating Colors

You can to select to view grid lines and alternate colors within the Provide® Enterprise system. Select Yes or No for each of these preferences.

Task Alert View

The "Task Alert View" is the view that Provide uses to determine if task alerts should be sent to you. You can select your Task Alerts View. Click on the and the below window will be displayed. Click on the to expand the options under each category.



To select a particular task alert view, double click on the particular view. Double click the Task Alert View to select that view.

Task Alert View to Open

The "Task Alert View To Open" is the task view that will open when you click on the new alert that will be highlighted the color red in your status bar. You can select your Task Alerts View to Open. Click on the  and the below window will be displayed. Click on the  to expand the options under each category.

Defaults Tab

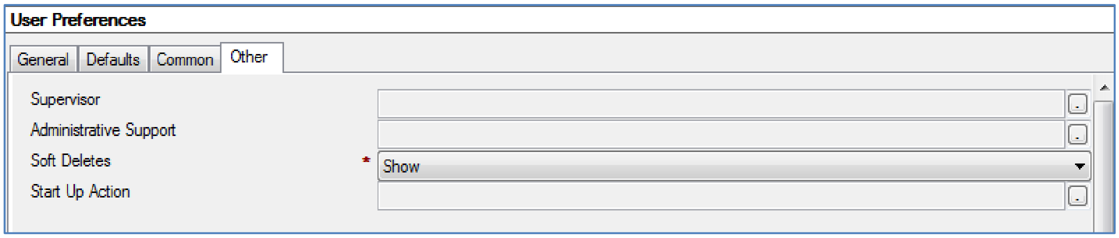
The Defaults Tab of the User Preferences allows you to define some of the values that will default in various activity records throughout Provide® Enterprise. You can define a default Diagnosis, Diagnosis Description, Facility, Provider, Superbill and Appointment Length. These default values are then used to populate fields on Activity records you create. For example, if you set the default Appointment Length to 15 minutes, every time you create an Appointment, the end time will default to15 minutes after the start time. This is variable by customer.

Common Tab

The Common Tab of the User Preferences allows you to define some of the values that will default in various activity records throughout the system. You can define a common list of Diagnosis, Procedures, Providers, Facilities, Medical Groups, Organizations, Drugs and Tests. This is variable by customer.

Other Tab

The Other Tab of the User Preferences allows you to define some additional values that will be assigned to your preferences throughout Provide® Enterprise.

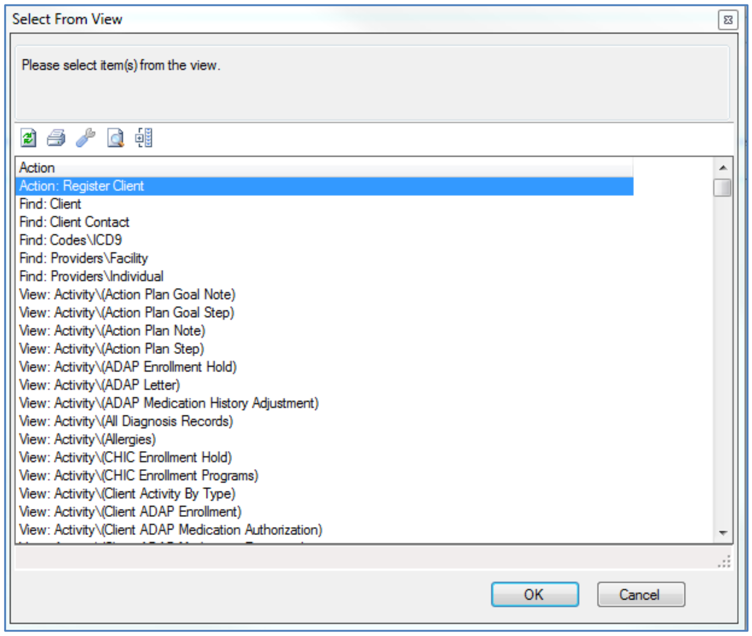


- **Supervisor**: This field allows you to define your Supervisor from the Provider's List.
- **Administrative Support**: This field allows you to define your Administrative Support person from the Provider's list.
- **Show/Hide Soft Deletes**: This field allows you to specify whether or not you want to see deleted records when reviewing a Client Chart.
- **Startup Action**: This field allows you to define what happens automatically when you launch the Provide® Enterprise Client. The options are "Find Client", Action "Register Client" or even open a view each time that you start up Provide® Enterprise.
- This is variable by customer.

Defining a Startup Action

The Startup Action will be your first view when you first log into Provide. To define a Startup Action, follow the steps below:

- Click on the  button on the Start-up Action. A window similar to the following will appear:

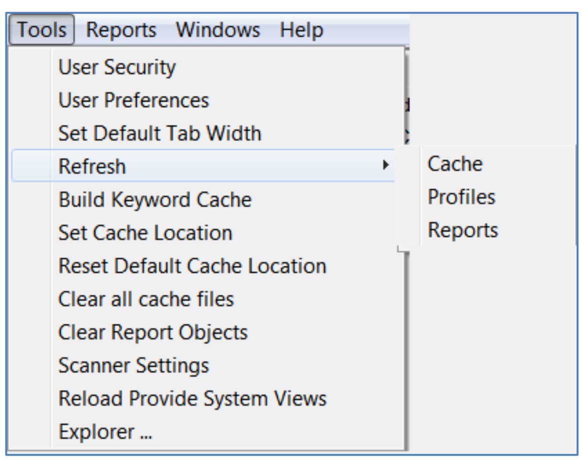


- Scroll up and down the list as necessary and double click on an Action or a View that you wish to have opened each time you launch Provide® Enterprise. Click on the "OK" button and the next time you launch the system the setting will be applied.

Refresh

Provide® Enterprise allows you to refresh certain design elements without having to log out of the application.

If the System Administrator has made changes to your Data Dictionary, Keywords, Program Profiles, Reports or available Views while you have been logged into Provide® Enterprise, you can update them instantly by clicking on the Tools - Refresh menu and selecting one of the options from the list.



After you have made a selection you will see the spinning blue circle icon while the design element is updating. Each time you log into Provide® Enterprise these design elements are automatically updated for you.

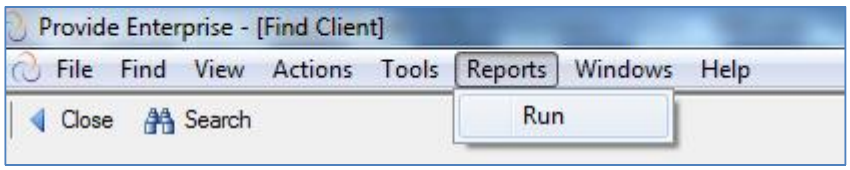
Reports Menu

From the Reports Menu you can either run a report or manage your report objects. Each of these items is discussed below.

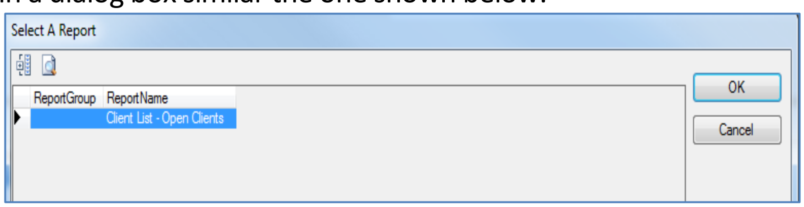
Run

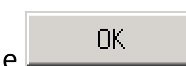
Using the "Run" selection will allow you to run any "Stand Alone" reports that have been added to your system. To do this, follow these steps:

- Select the Reports - Run menu as shown below:



If you have reports that are available to be run as a "Stand Alone" report, they will be displayed in a dialog box similar the one shown below:



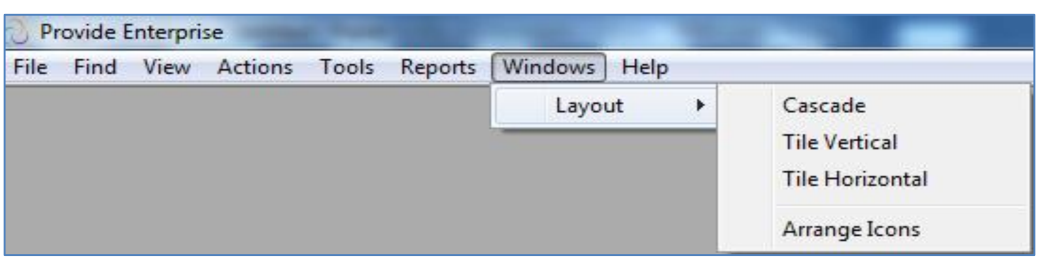
- Simply click on the Report name and then click on the  button to run the report.

Windows Menu

Clicking on the Windows Menu will present a few different options for you.

Layout Selection

The "Layout Selection" choice of the Windows Menu, will allow you to select how you wish to view the open windows on your screen.



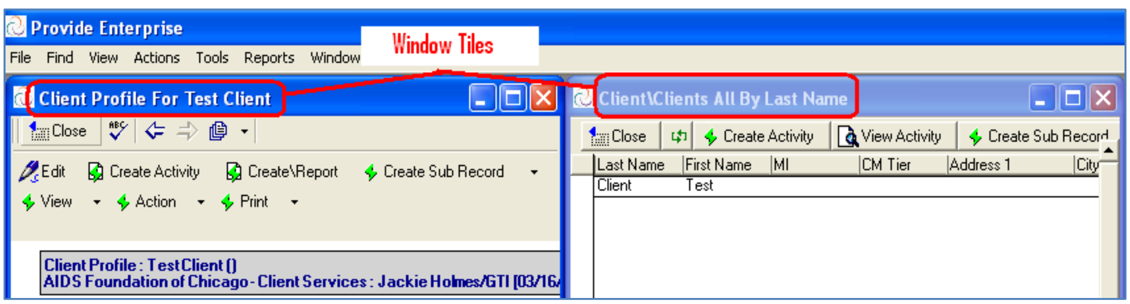
Cascading Windows

If you select “Cascade” from the Layout Selection menu, all of the windows you have open in Provide® Enterprise will be opened, one on top of each other, and you will be able to see the title of each open window at the top of that window. This can be seen in the figure below:

Switching between windows is as simple as clicking on the window you want to view.

Vertically Tiling Windows

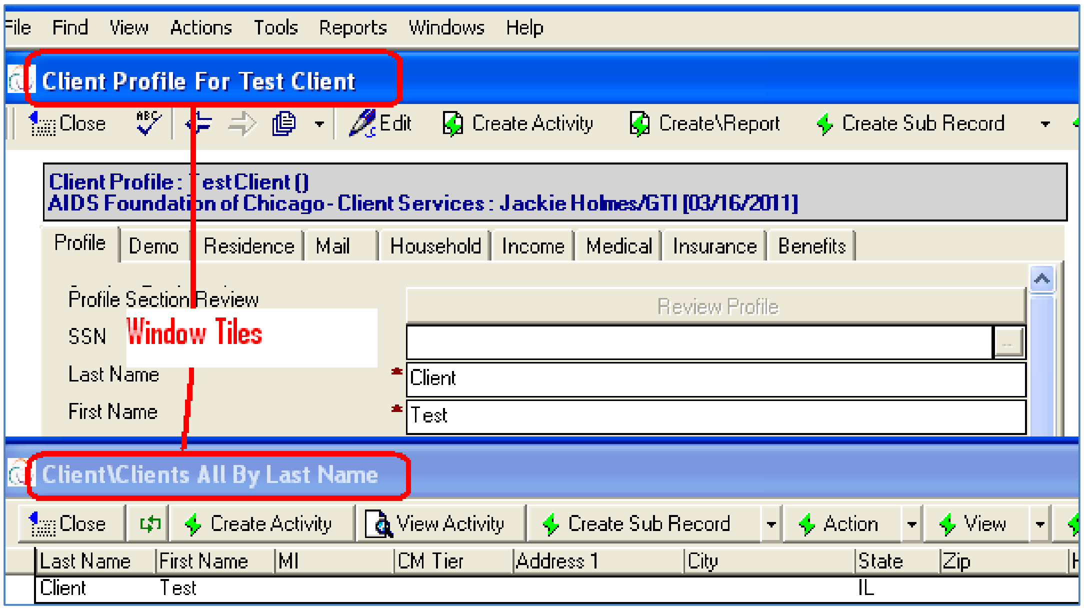
If you select “Tile Vertical” from the Layout Selection menu, all of the windows you have open in Provide® Enterprise will appear on your screen in a vertical tiled pattern, similar to that in the figure below:



Switching between windows is as simple as clicking on the window you want to view.

Horizontally Tiling Windows

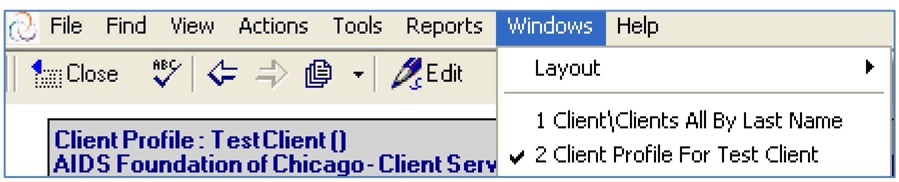
If you select “Tile Horizontal” from the Layout Selection menu, all of the windows you have open in Provide® Enterprise will appear on your screen in a horizontal tiled pattern, similar to that in the following figure.



Switching between windows is as simple as clicking on the window you want to view.

Viewing Open Windows

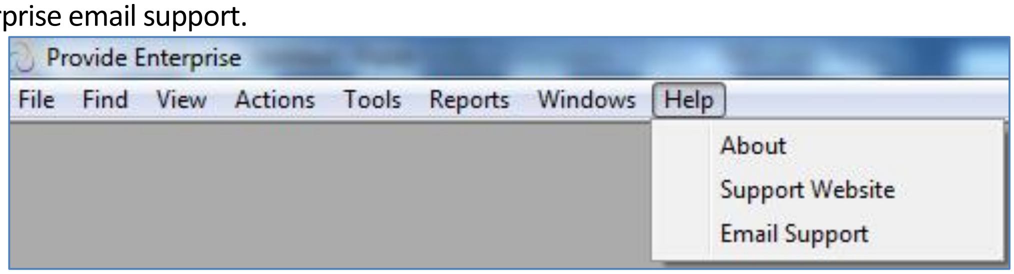
The final choice under the Windows Menu is a numbered list of all windows that are open in Provide® Enterprise. The window with the check mark by it is the active window.



NOTE: You can select any of the numbered window choices to move to a different window.

Help Menu

From the Help Menu you can find more information regarding the Provide® Enterprise version on your machine, direct you the Provide® Enterprise support website, and Provide® Enterprise email support.



- Clicking on "Help" and then "About" will bring up the following Window:

NOTE: You can see the current version of the Provide® Enterprise that is installed on your machine.

- Clicking on "Help" and then "Support Website" will bring the Provide® Enterprise website and help documentation.
- Clicking on "Help" and then "Email Support" will link to your email and allow you to email the Provide® Enterprise technical support team.

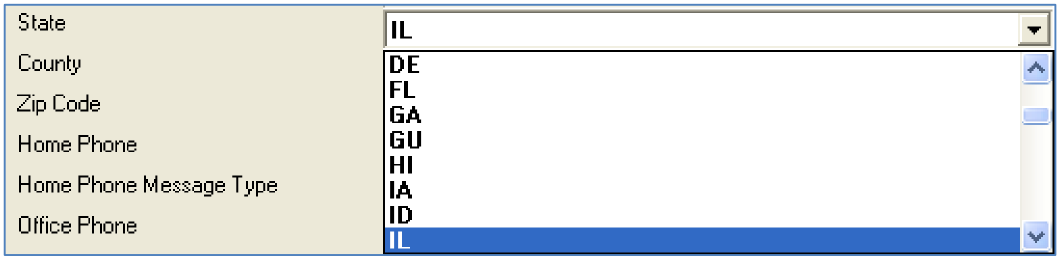
Fields

There are several different types of fields used within the Provide® Enterprise system. They will each be described briefly below.

When a field is editable, the text is bold. When not editable it is grayed out. It may be grayed out because you are not in edit mode or because your System Administrator has locked the field.

Pick list

For fields that contain a downward arrow like this , click on the arrow to display the list of preset values from which to choose. You can also type the first letter of a value if known and it will jump to the first keyword that starts with that value. Typing the same letter again will scroll you to the next value that starts with that letter. For example in a State field, typing "i" will bring up "IA", typing a "i" a second time will bring up "ID" and typing "i" a third time will bring up "IL".

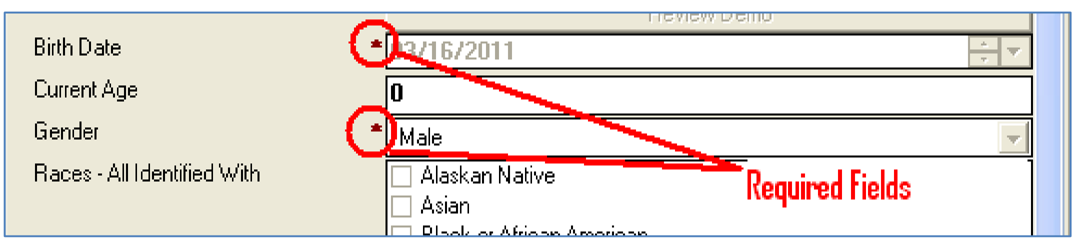


Multi-value field

There are some fields similar to the one shown below that allow multiple values to be selected. To check an item on the list, click on the item's name and a check mark will appear to the left of the name. To remove a check mark, click on the name again.

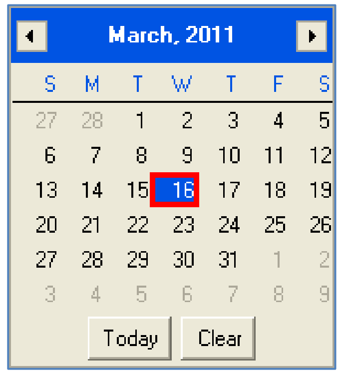
Required Fields

A red asterisk (*) next to any field signifies that the field is required by Provide® Enterprise in order to save the document. Some required fields already have a default value while others are blank by default.

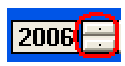


Date Fields

When you see a date field in Provide® Enterprise you can accept the default value, hit the delete or backspace key to remove the current date and type in a different date, or click on the  button which will bring up a calendar window shown below.

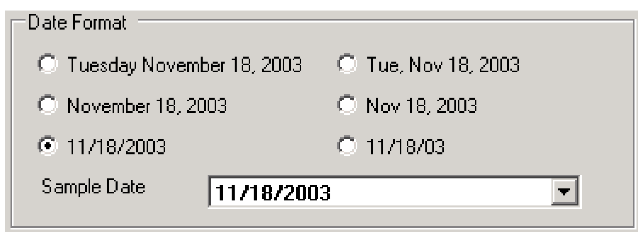


- Click on the day you wish to select. To move backward or forward a month at a time, use the appropriate button.
- You can also change the month by clicking on the name of the current month. This will bring up a list of months. Simply select the month that you wish to navigate to.
- You can change the year that is shown by clicking in the year (on the calendar) and using the up and down arrows (circled in the following figure) to change the year.



Radio Button

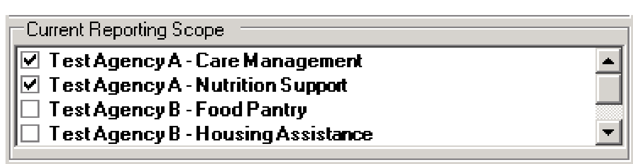
An example of a radio button ( ) is shown below:



A radio button will allow you to select one or more choices. Simply click on the radio button ( ) that corresponds to the choice or choices you wish to select.

Check Box

Some fields in the system have check box fields. To check an item, click on the box to select it.



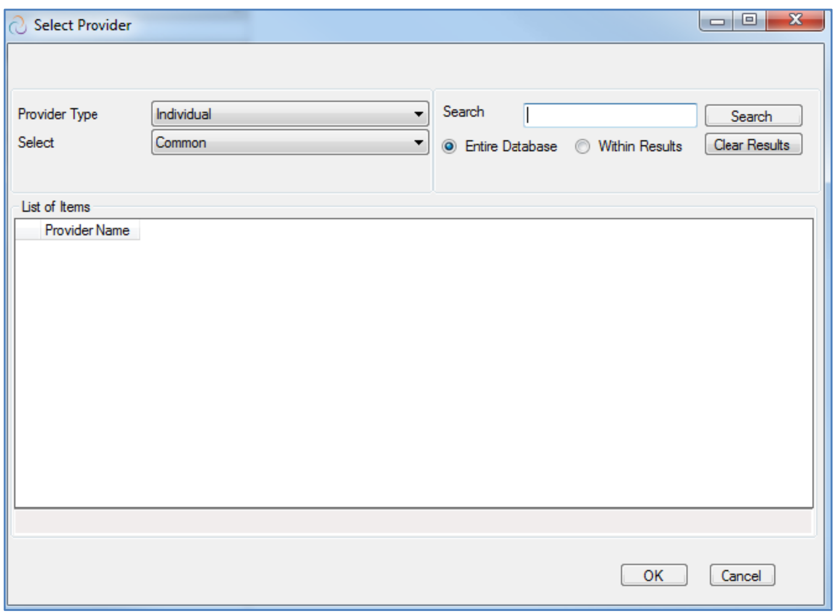
Field Dialog Control Button

Some fields have lists from which to choose a value. Most of these fields will have a button to click that will activate the list. To select an item in the list, click on the item name. To deselect an item, click on the item name again. Provider fields, Diagnosis fields, Procedure fields, Drug name fields and Test name fields are examples where Field Dialog Control Buttons are used. In some cases you are able to select only a single value and in others you are able to select multiple values. Both types will be discussed below.

Click on the to expand the options under each category and click on the to collapse the options under each category.

Provider Field Single Value

There are many fields within Provide® Enterprise where you can select a Facility, Individual, Medical Group, Service Organization, Service Program or manually enter a value. You will be able to view your available provider options when you click on the button as the following shows.

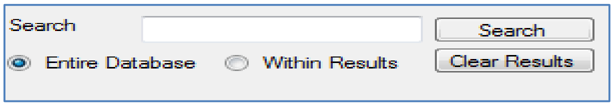


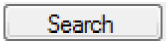
Provider Type: The choices available for this field are set by your System Administrator in the data dictionary field properties of Provide® Enterprise. Generally you will have the ability to choose from a Facility, Individual, Medical Group, Service Organization or Service Program. Both the "Provider Type" and the "Select" group that is chosen will limit your choices in the "Provider Name" view.

Select: By default, this field is set to Common and will display a list of common providers that you have defined in your user preferences. If you have not defined any common providers, the "Provider Name" view will be blank. You may also choose to change this setting to "All" to display all providers that have been defined in Provide® Enterprise.

List of Items (Provider Name): This view will be limited by both the "Provider Type" and the "Select" group that is chosen.

Search:



You may manually type a provider name such as "Smith" in the search field and then click on the 

button. All of the provider names with the first name or last name of "Smith" will appear. When searching for a word or phrase you can use an asterisk (*) as a wild card. If used at the end of the string like smith*, it will find all values that start with "smith". If used at the front like *smith, it will find all entries that contain "smith" anywhere in the string. You can also use a wild card in the middle like s*h to pull values like "smith" or "seth". You can also search the entire database or just the subset of displayed results.

Clear Results: You can use this button to clear your search results.

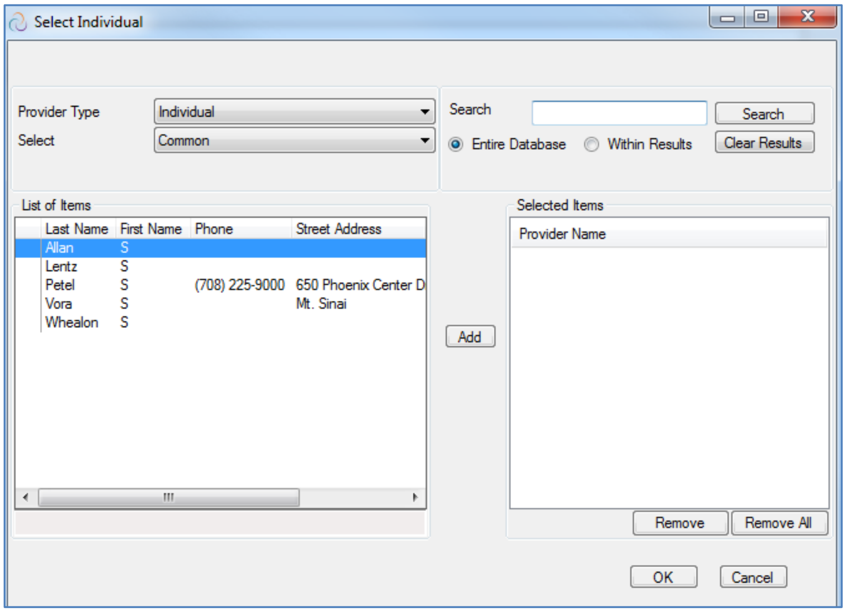
Cancel: You can use this button to cancel out of the provider selection screen.

NOTE: Once you have the provider name in the "List of Items" you can select your provider by double clicking on the provider name, by clicking on the provider name once with your mouse and pressing the "Enter" key on your keyboard or by clicking on the provider name once with your mouse and then clicking on the 

button.

Provider Field Multi-value

There are places within Provide® Enterprise where you can select more than one Facility, Individual, Medical Group, Service Organization, and Service Program or manually enter a value. You will be able to view your available provider options when you click on the  button as the following shows.



Provider Type: The choices available for this field are set by your System Administrator in the data dictionary field properties of Provide® Enterprise. Generally you will have the ability to choose from a Facility, Individual, Medical Group, Service Organization or Service Program. Both the "Provider Type" and the "Select" group that is chosen will limit your choices in the "Provider Name" view.

Select: By default, this field is set to Common and will display a list of common providers that you have defined in your user preferences. If you have not defined any, the "Provider Name" view will be blank. You may also choose to change this setting to "All" to display all providers that have been defined in Provide® Enterprise.

View By: In looking at the "View By" field above you will see that it is sorting the providers by Name. You could also choose to view providers by "Role" such as Nurse or Social Worker.

List of Items (Provider Name): This view will be limited by both the "Provider Type" and the "Select" group that is chosen.

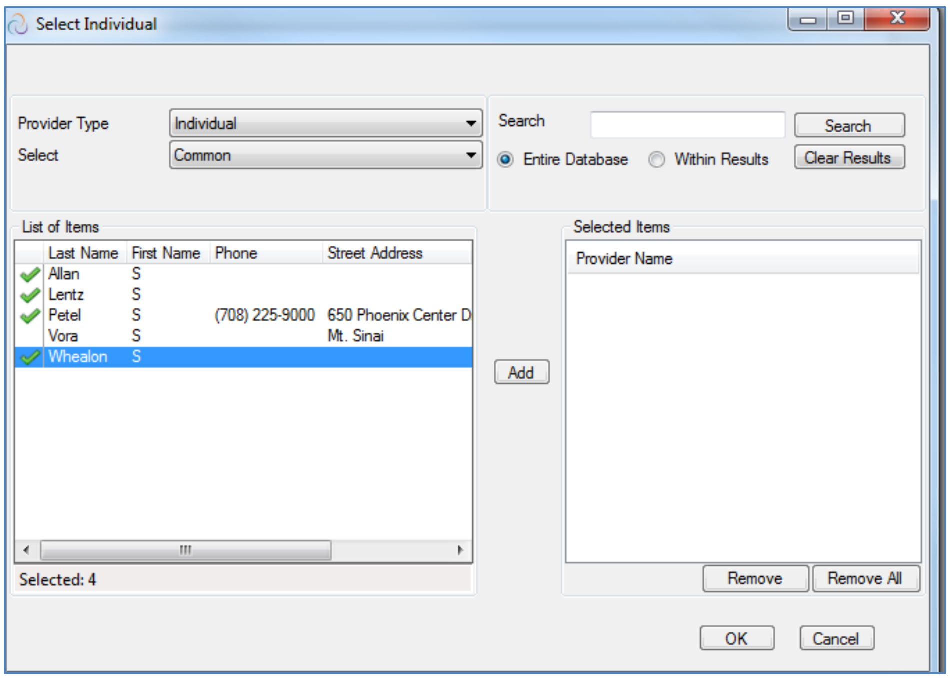
Manual Entry: This field is used to manually enter a provider that you do not have defined in any of your lists. If this is a provider that will be used more than once, you should notify your Provide® Enterprise Administrator so they can add the provider to your list of values.

Search: You may manually type a provider name such as "Smith" in the search field and then click on the Search button. All of the provider names with the first name or last name of "Smith" will appear. When searching for a word or phrase you can use an asterisk (*) as a wild card. If used at the end of the string like smith*, it will find all values that start with "smith". If used at the front like *smith, it will find all entries that contain "smith" anywhere in the string. You can also use a wild card in the middle like s*h to pull values like “smith” or “seth”. You can also search the entire database or just the subset of displayed results.

Clear Results: You can use this button to clear your search results.

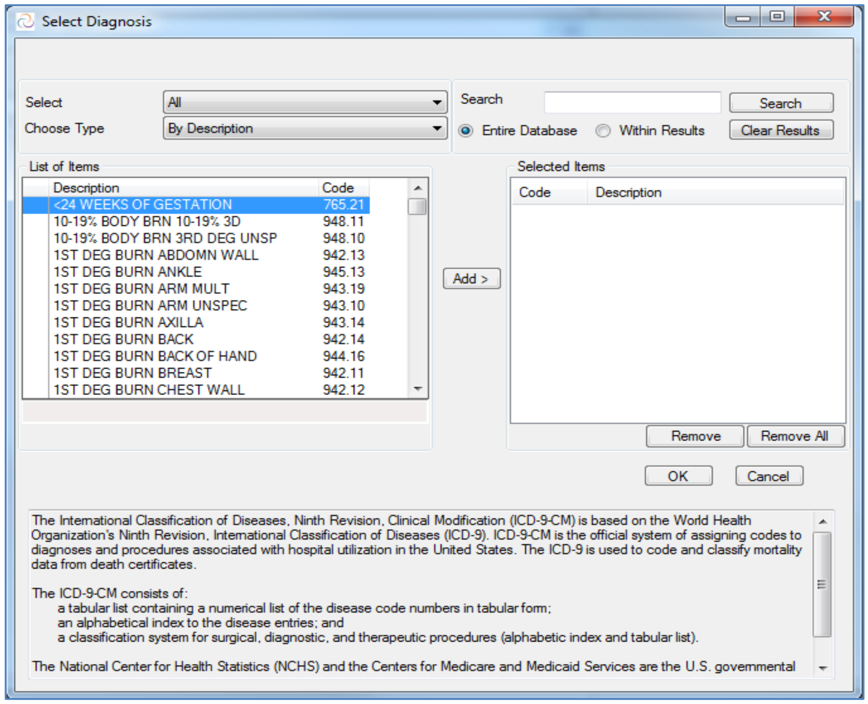
Cancel: You can use this button to cancel out of the provider selection screen.

Add Button: Whether adding just one provider or adding multiple providers to your Selected Items list you need to place a check mark to the left of their name as shown in the figure below.



Diagnosis Field Single Value

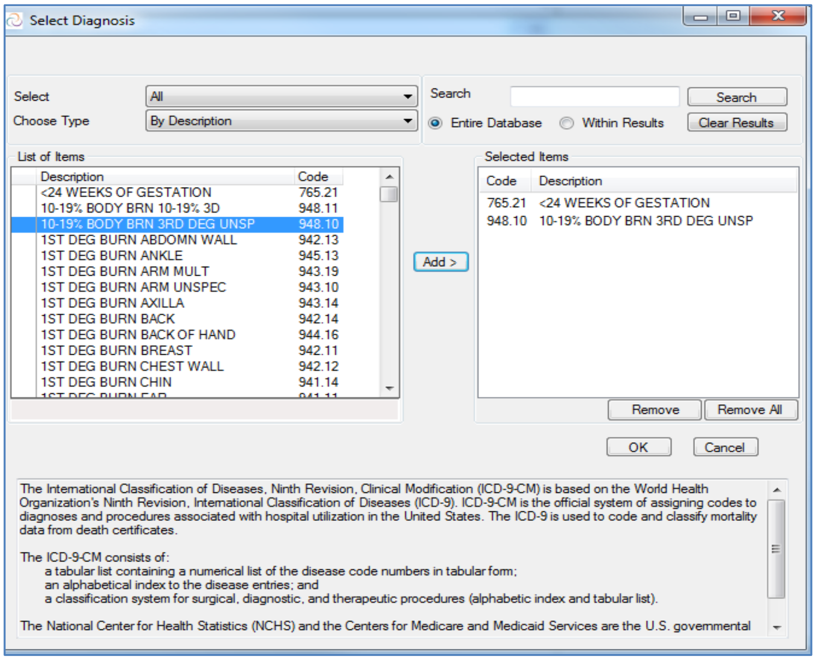
There are several places within Provide® Enterprise where you can select a diagnosis. You will be able to view your available diagnosis options when you click on the  button as shown below:



Select Menu: By default this field is set to your “Common” values. You can also choose to see “All” DSM-IV Axis I, II or III diagnosis types. The “Search”, “Clear Results”, “OK” and “Cancel” buttons work the same way as described in the “Provider Field Single Value” except there is no option for manual entry.

Diagnosis Field Multi-value

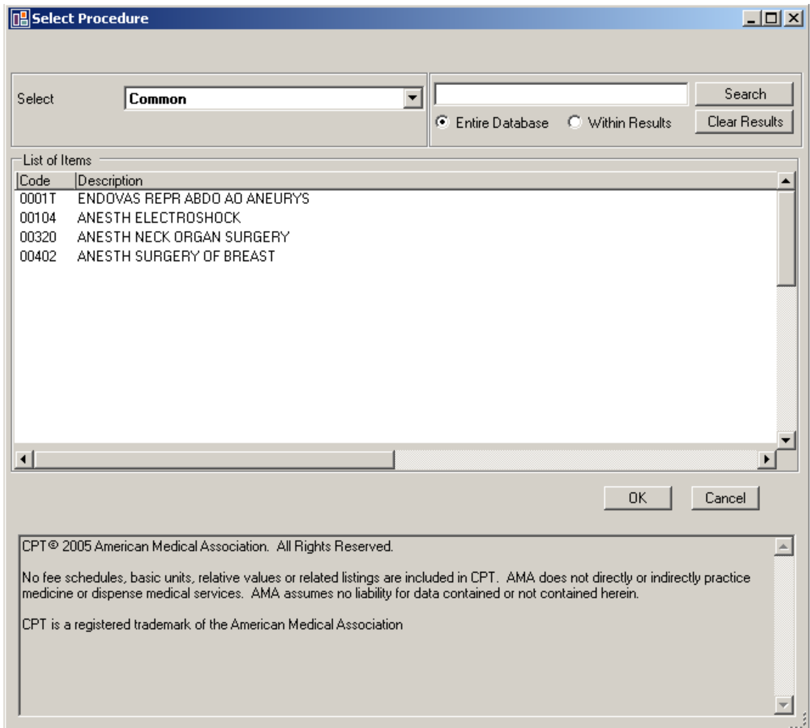
There are places within Provide® Enterprise where you can select more than one diagnosis record. You will be able to view your available diagnosis options when you click on the  button as shown below:



Select Menu: By default this field is set to your "Common" values. You can also choose to see "All" diagnosis types. The "Search", "Clear Results", "OK", "Cancel", "Remove" and "Remove All" buttons work the same way as described in the "Provider Field Multi-value" except there is no option for manual entry.

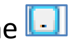
Procedure Field Single Value

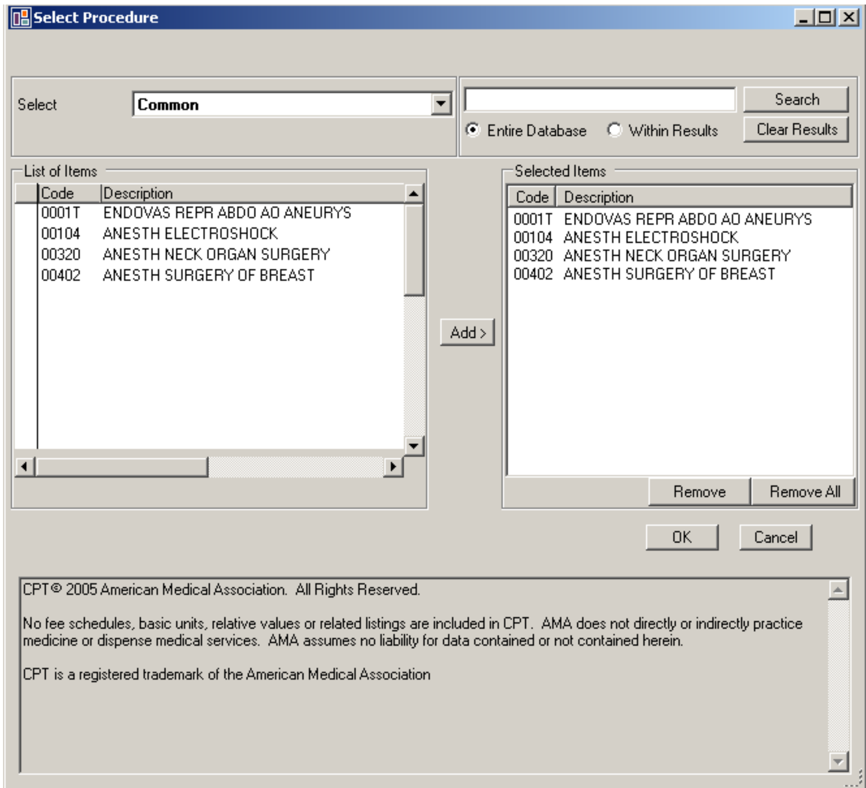
There are fields within Provide® Enterprise where you can select a diagnosis. You will be able to view your available diagnosis options when you click on the button as the following shows.



Select Menu: By default this field is set to your "Common" values. You can also choose to see "All" procedure types. The "Search", "Clear Results", "OK" and "Cancel" buttons work the same way as described in the "Provider Field Single Value" except there is no option for manual entry.

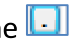
Procedure Field Multi-value

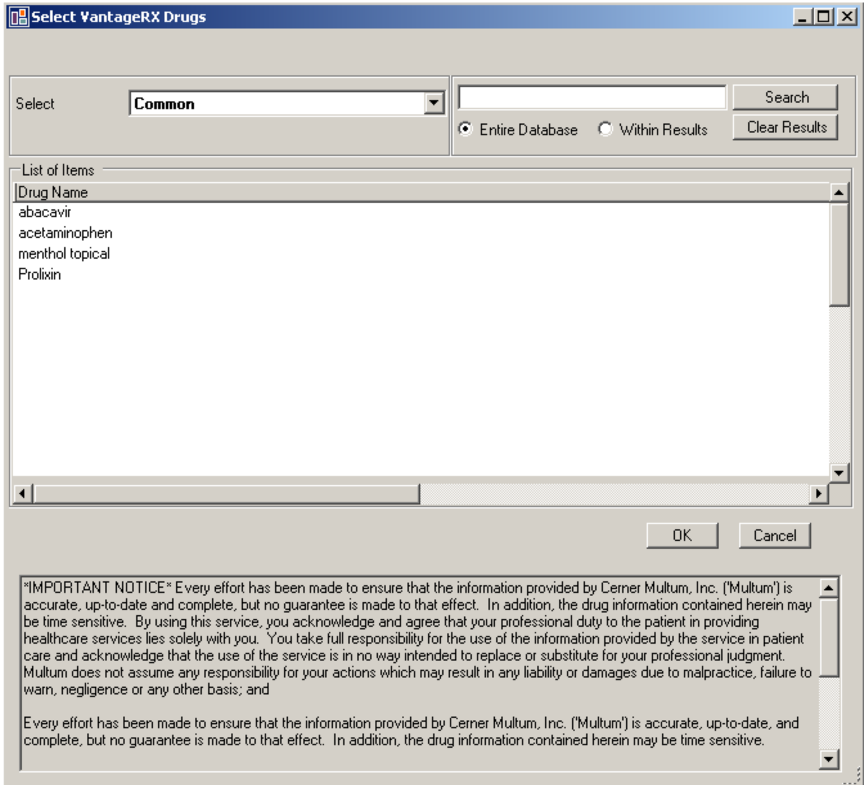
There are places within Provide® Enterprise where you can select more than one procedure. You will be able to view your available provider options when you click on the  button as shown below:



Select Menu: By default this field is set to your “Common” values. You can also choose to see “All” procedure types. The “Search”, “Clear Results”, “OK”, “Cancel”, “Remove” and “Remove All” buttons work the same way as described in the “Provider Field Multi-value” except there is no option for manual entry.

Drug Field Single Value

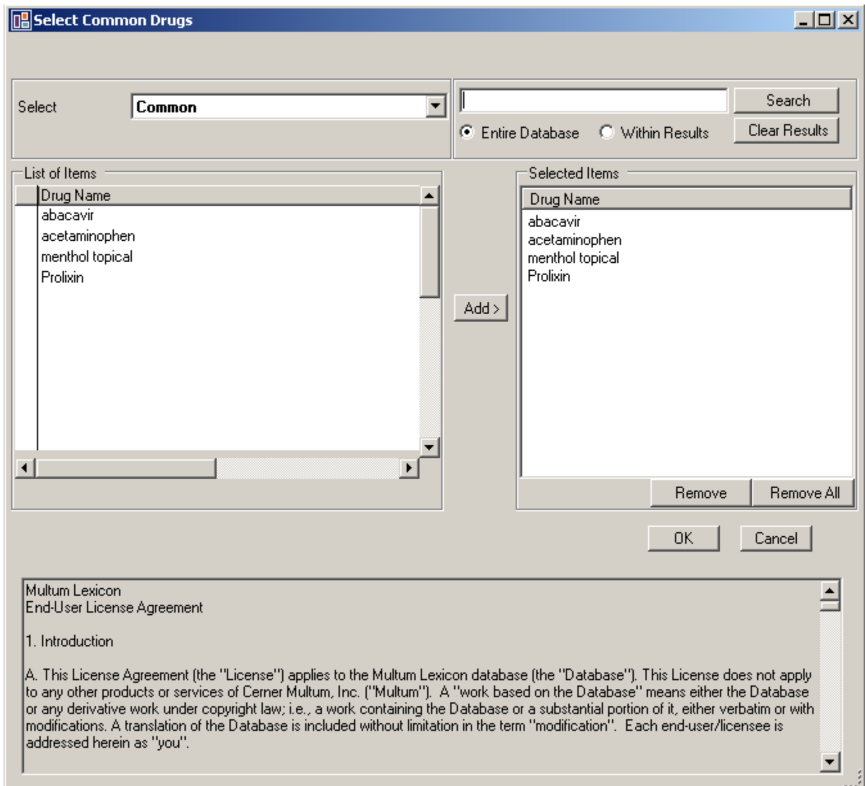
There are fields within Provide® Enterprise where you can select a drug name. You will be able to view your available drug names when you click on the  button as shown below:



Select Menu: By default this field is set to your "Common" values. You can also choose to see "All" drug types. The "Search", "Clear Results", "OK" and "Cancel" buttons work the same way as described in the "Provider Field Single Value" except there is no option for manual entry.

Drug Field Multi-value

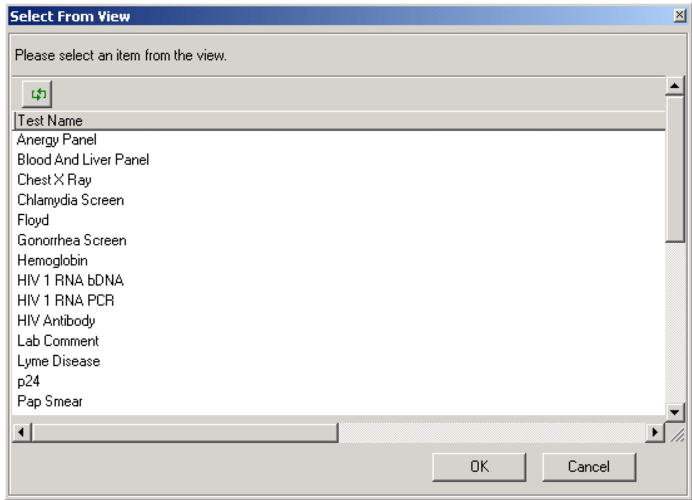
There are places within Provide® Enterprise where you can select more than one drug name. You will be able to view your available provider options when you click on the  button as shown below:



Select Menu: By default, this field is set to your “Common” values. You can also choose to see “All” drug names. The “Search”, “Clear Results”, “OK”, “Cancel”, “Remove” and “Remove All” buttons work the same way as described in the “Provider Field Multi-value” except there is no option for manual entry.
Choose Type: This Field allows you to sort drugs by Brand Name, by Drug Name, Brand Name by Therapeutic Class or Drug Name by Therapeutic Class.

Test Field Single Value

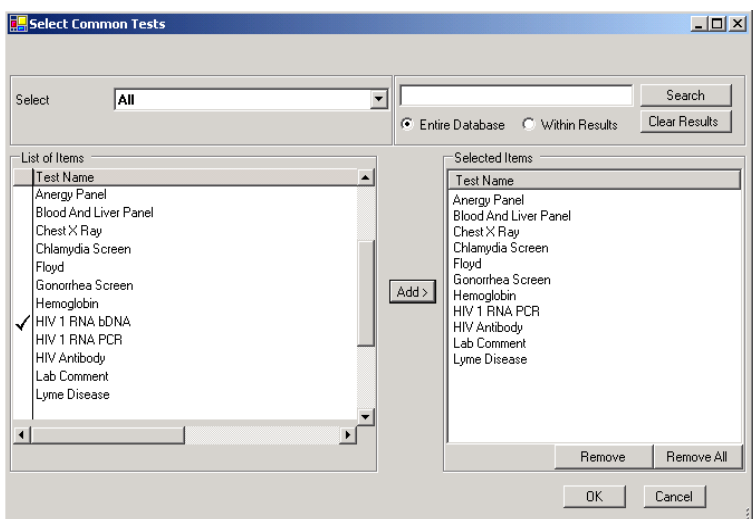
There are fields within Provide® Enterprise where you can select a test name. You will be able to view your test names when you click on the button as shown below:



Select Menu: By default this field is set to your "Common" values.

Test Field Multi-value

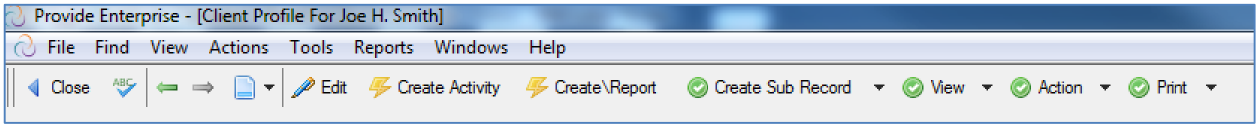
There are places within Provide® Enterprise where you can select more than one test name. You will be able to view available provider options when you click on the button as shown below:



Select Menu: By default, this field is set to your "Common" values. You can also choose to see "All" test names. The "Search", "Clear Results", "OK", "Cancel", "Remove" and "Remove All" buttons work the same way as described in the "Provider Field Multi-value" except there is no option for manual entry.

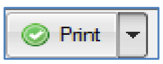
Button Bar

There are many places in Provide® Enterprise where you will notice a series of buttons arranged at the top of records and views. Below is an example of a button bar from the Client Profile record:

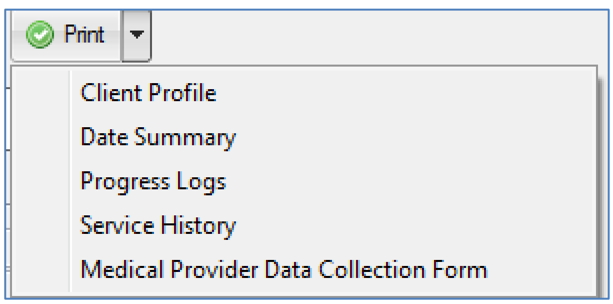


The kinds of buttons will vary from record to record. Some of the more common buttons are described in detail below.

Print

The 

button will allow you to print data from the open record to a Crystal Report template. The output can be set to either display on screen in order to review before printing or it can be automatically sent to the user's default printer. You can select what you would like to print by clinking on the down arrow and selecting your printing choice.

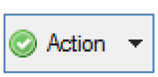


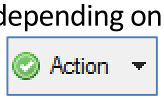
Edit

The 

button places the record you are viewing into "edit mode." Once in "edit mode" you will be able to change field values and select items from drop down lists.

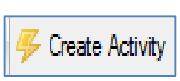
Action

The 

button allows you to select from a list of available actions. These actions differ depending on what you are doing in the Client file. To see each available action click on the 

and a list of actions will be displayed.

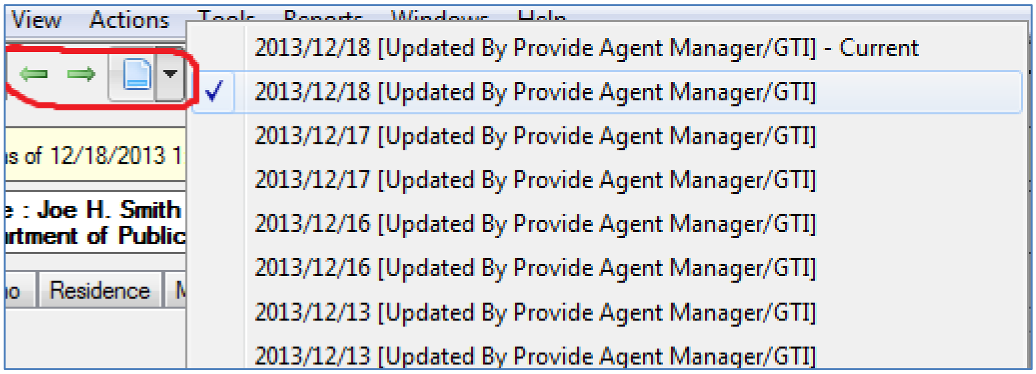
Create

Clicking on the 

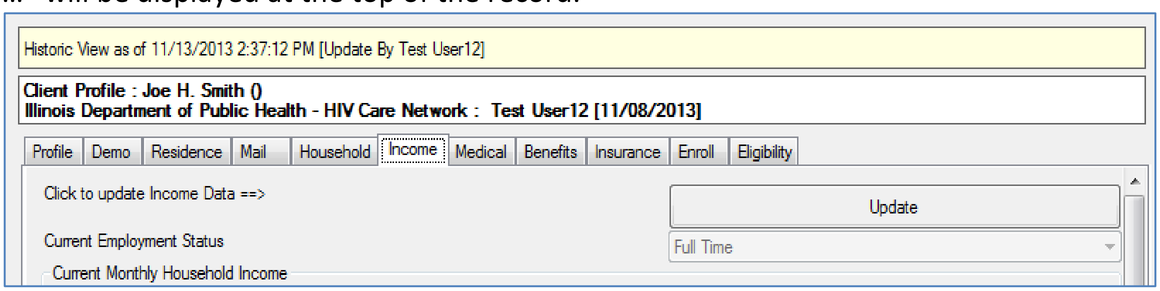
button will show you a pull down list of all Activity Record types you are able to create.

Document History

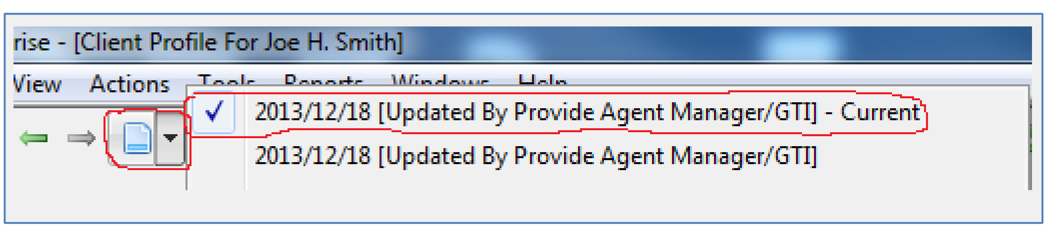
Every time changes are saved to a record in Provide® Enterprise, an updated version of the record is created. The  buttons allow you to view previous versions of the record you have open in order to see what the record looked like at a particular point in time. You can either pick a date from the drop down list or move backwards one change at a time by clicking the “left arrow”.



When viewing a previous version of the record you will notice that “Historic View as of …” will be displayed at the top of the record.

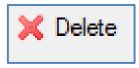


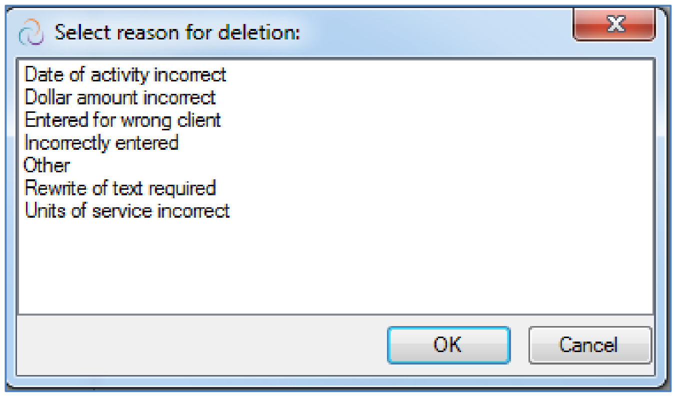
Fields that are highlighted in yellow are fields that are different from the most recent version of the record. You are not allowed to edit a Historic View of the record. To edit the record after referencing a Historic View you will need to switch to the Current view as shown below:



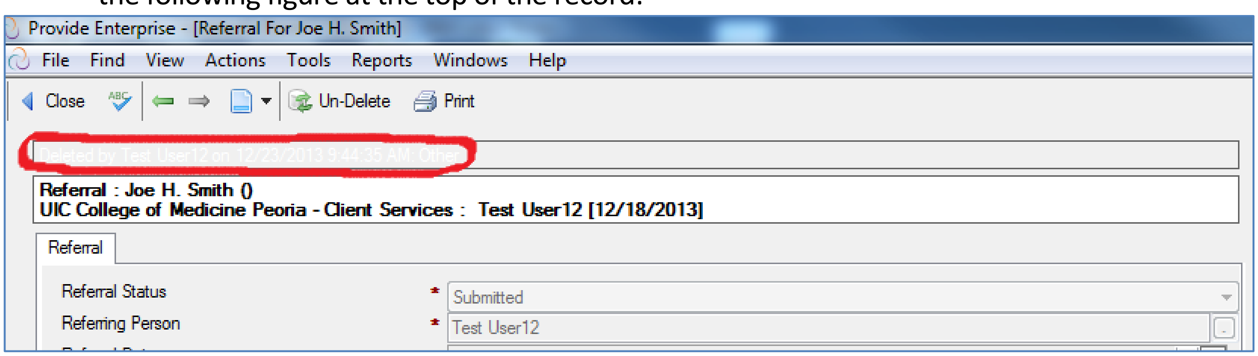
Delete

Provide® Enterprise allows you to delete any Client Sub-Records and Activity Records. Only the creator of the original document or their supervisor can delete the document. When a document is deleted it is not truly deleted from the database. It will remain a permanent part of the client record, but will be "marked" as deleted (similar to putting a line through an incorrect entry in a paper record) and thus, will not be counted in reports. To delete a record, follow these steps:

- Open the Record in question.
- On the Action Bar, you will see the  button. Clicking on this button will activate the following dialog box:



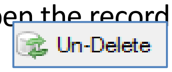
- Select the reason you are deleting the chart note and then click on the  button. You will be backed out of the note.
- Any time the record is opened in the future, you will see a message similar to that in the following figure at the top of the record:



- In small white font, it will state who deleted the records and the date and time the record was deleted.

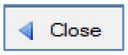
Un-Delete

Once a record has been marked as deleted, you have the ability to "un-delete" the record within Provide® Enterprise. Only the creators of the record, their supervisor or System Administrator can "un-delete" a record. To "Un-Delete" a record, follow the steps below:

- Navigate to the particular record in question and open the record. Because the record has been marked as deleted, you will see the 

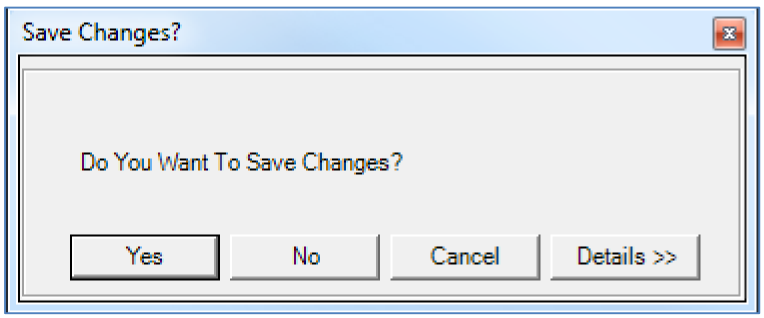
button.
- Click on this button to "Un-Delete" the record. The deletion information will be removed, the record will be re-saved and you will be closed out of the record. You will notice after refreshing your screen that the Delete flag has now disappeared from the database views for this document.

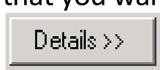
Saving Record Changes

The 

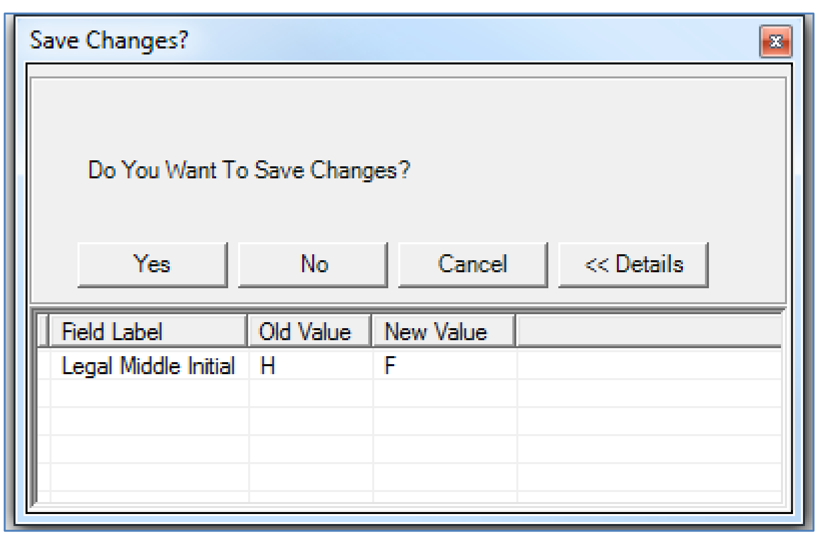
button closes the current record you are viewing.

- If you have changed fields, you will usually be asked if you want to save the changes you have made as shown below.



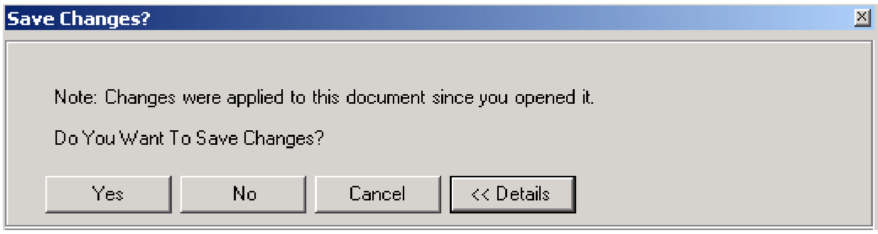
- If you have made changes that you want to save, be sure to select "Yes".
- You could also click on the 

button to see a list of all the changes that were made while you were in the record. A sample of what you might see is displayed below:

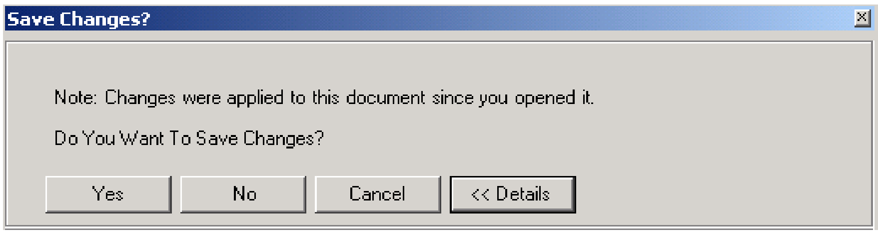


- You can choose to save all of the changes that you made or you can delete changes that you do not want by clicking on them individually and hitting the delete key on your keyboard. If you double click on the change you will be taken to the Sub-tab that contains the field that you modified. You can also select "Cancel" to return to the document or "No" when prompted to save your changes, and the record you were in will close.
- Sometimes when you click on the 

button to save your changes you will see a box that looks like this:

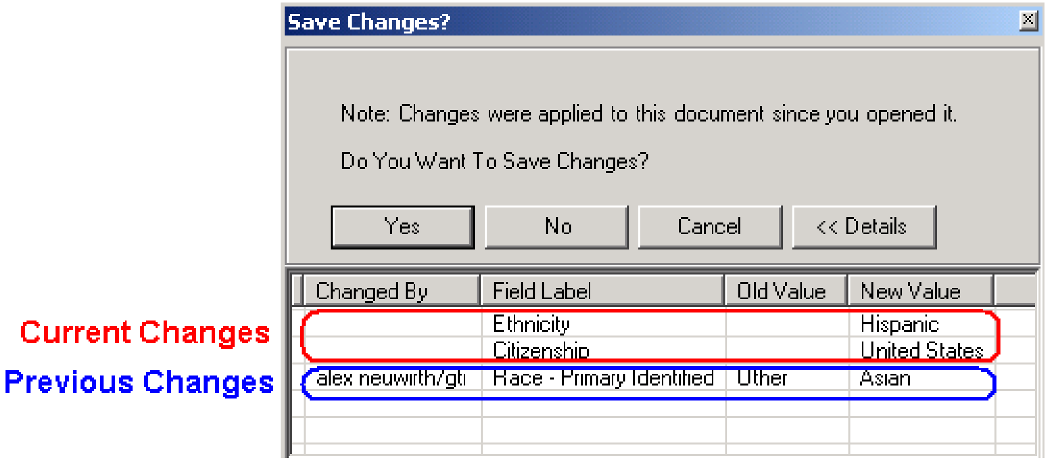


  - This can happen because the Provide® Enterprise system does not "lock" records when they are opened by users, so two or more users could be editing the same record at the same time. Here is a scenario where this may occur. First, we assume that two users open the same Client Profile at the same time. One person may make changes to the "Ethnicity" and "Race - Primary Identified" fields in the Client Profile as shown in the example above, and that person saves their changes. A second user may change the "Ethnicity" field and "Citizenship" field, when the second user closes the Client Profile they see the following message:



  - If they click on the 

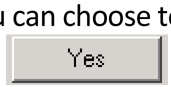
button, they would see a screen similar to the one below:



The following rules apply to the "Details" display when two users make changes to the same record:

The first user to save their changes will have the changes applied without any warning message.

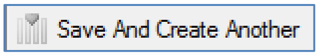
- The second user to save their changes will see the warning "Note: Changes were applied to this document since you opened it. Do You Want To Save Changes?"
- If both users make changes to the same field, the second user will only see the original value of the field and the changes that they made. The "Changed By" box will be blank.
- If only the first user changed a field (See "Race - Primary Identified"), the second user will see both the original value and the new value of that field. The "Changed By" box will show the name of the user who made the change.
- The second user will always see every field they changed and the original value. The "Changed By" box will be blank.
- Any change that is deleted from the "Details" display will result in the original value that is shown in the "Old Value" field being saved.
- If the second user accepts all of the changes and clicks on the "Yes" button, they will update every field they changed and all unique changes that the first user made.
- If the second user selects "No" when prompted "Do You Want to Save Changes?", only the first user's changes will remain.

You can choose to save all of the changes that you or the other person made by clicking on the 

button, or you can delete changes that you do not want by clicking on them individually and hitting the delete key on your keyboard. If you double click on the change, you will be taken to the Sub-tab that contains the field that you modified. You can also select "Cancel" to return to the document or "No" when prompted to save your changes, and the record you were in will close.

NOTE: You might also see the "Changes were applied to this document since you opened it" if you make changes to the Client Profile and then edit the Current address record. This happens because whenever you save changes to the "Current Address" record the Provide® Enterprise program automatically updates the fields in the Client Profile then as well. This is accomplished by saving a new version of the Client Profile with the same values as entered on the Current Address record.

Save and Create Another

The 

Button is available in many of the Activity Records within Provide® Enterprise. When you see this button, you can use it to close and save the current document you are in and open a blank record of the same type.

Chapter

3

Client Registration/Intake

Intake is the process of collecting information concerning the client and his or her support system, as well as determining program eligibility prior to any services being provided and funded.

New Client Registration

The following procedures should be followed at the time a new client is to be entered in the Provide® Enterprise system.

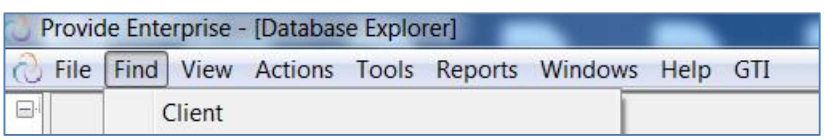
Registration Verification

Prior to entering the client in the Provide® Enterprise database, you should check to make sure that the client has not previously been entered in the database. To verify that the client has not already been registered, follow the steps below.

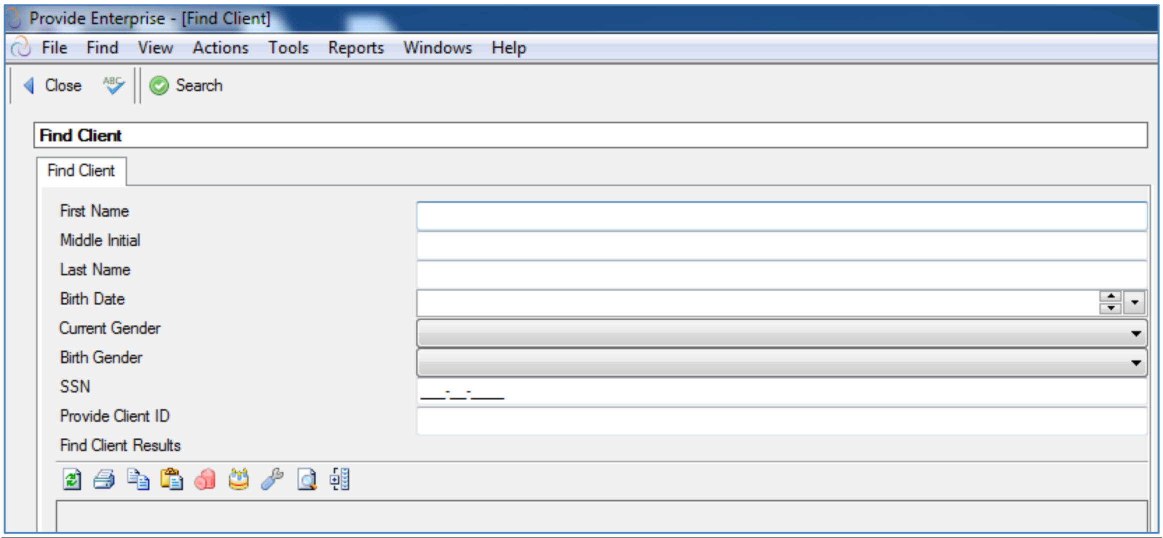
Find Client

The "Find Client" function will search the entire database to see if the client has previously been entered in the system and, therefore, has received Ryan White Part B services in the past. To do this, follow the steps below:

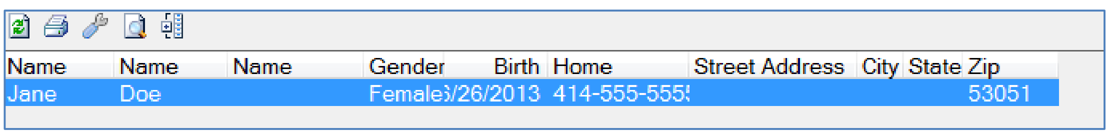
- Select the "Find Client" screen in the menu bar.



- This will activate the "Search" criteria screen, seen in the figure below:



- Fill out the search criteria as appropriate and click on the Search button to complete the search. NOTE: You may not want to enter full SSN or names in the appropriate fields, due to possibility of prior data entry errors.
- You can enter an asterisk (*) as a wild card to do more general searches.
- After the search is completed, the client records that match the search criteria are listed and displayed below the search dialog in a view like the one below:

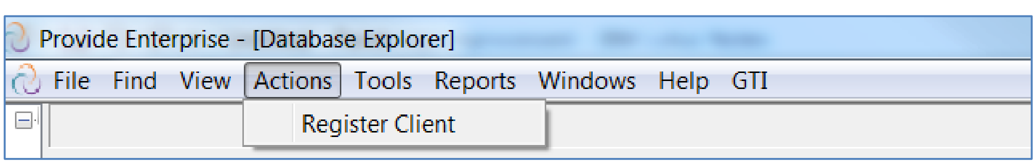


- Simply double click on the record that you wish to view in order to open the desired Client Profile.
- If, after reviewing the Client Profile, you determine that it is not the client that is present at your agency to receive services, you can move onto the next steps and actually register the client in the system.
- If you come to the conclusion that the existing Client Profile is that of the client that is listed, follow the steps listed in the under “Opening an existing client to your Agency”.

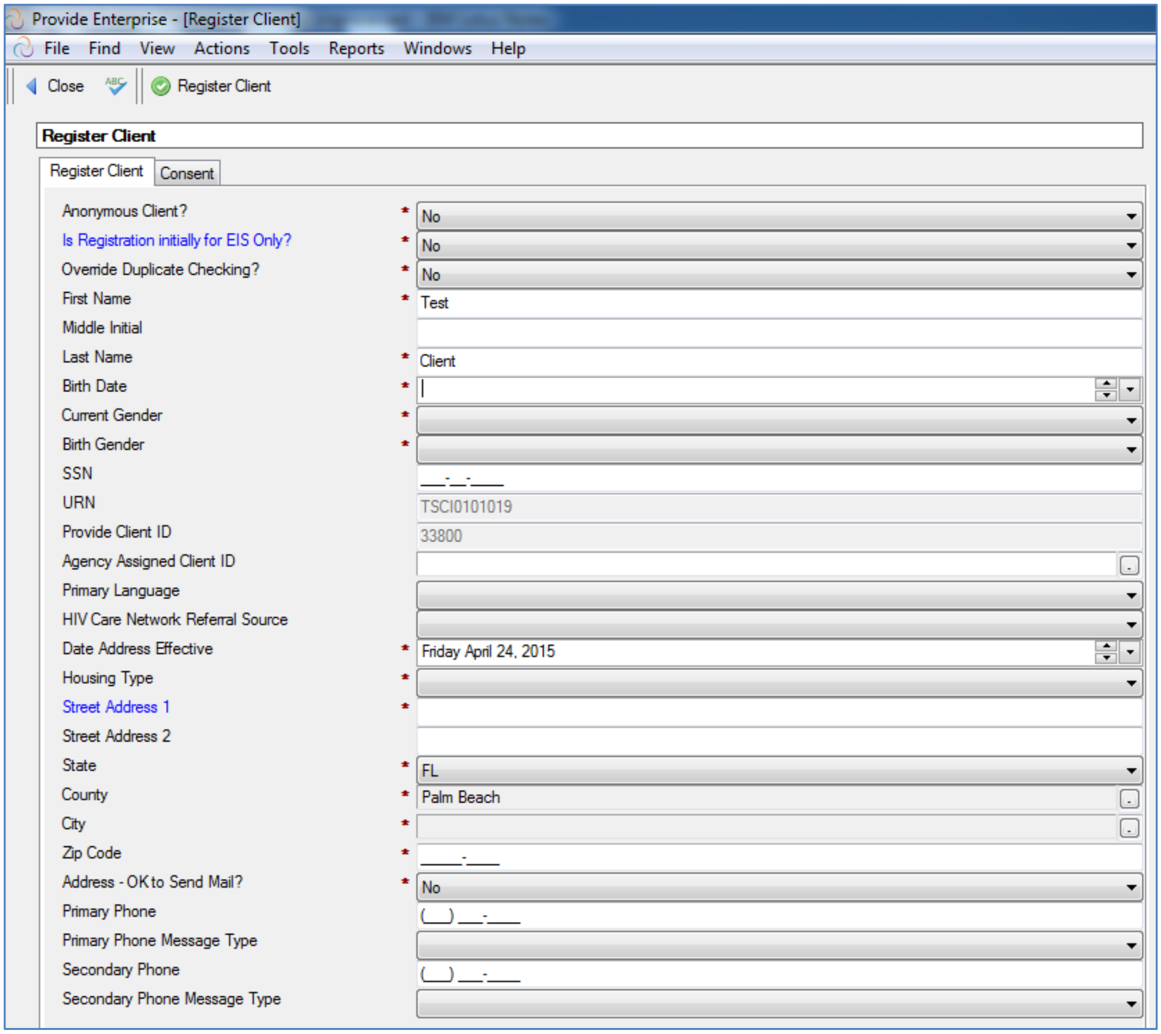
Client Registration

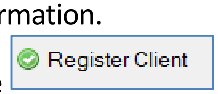
If, after searching the database, you determine that the client is NOT in the database, you will want to register the client in the system. To do that, follow the steps below:

- From the Menu Bar, select “**Actions ⇒ Register Client**”.



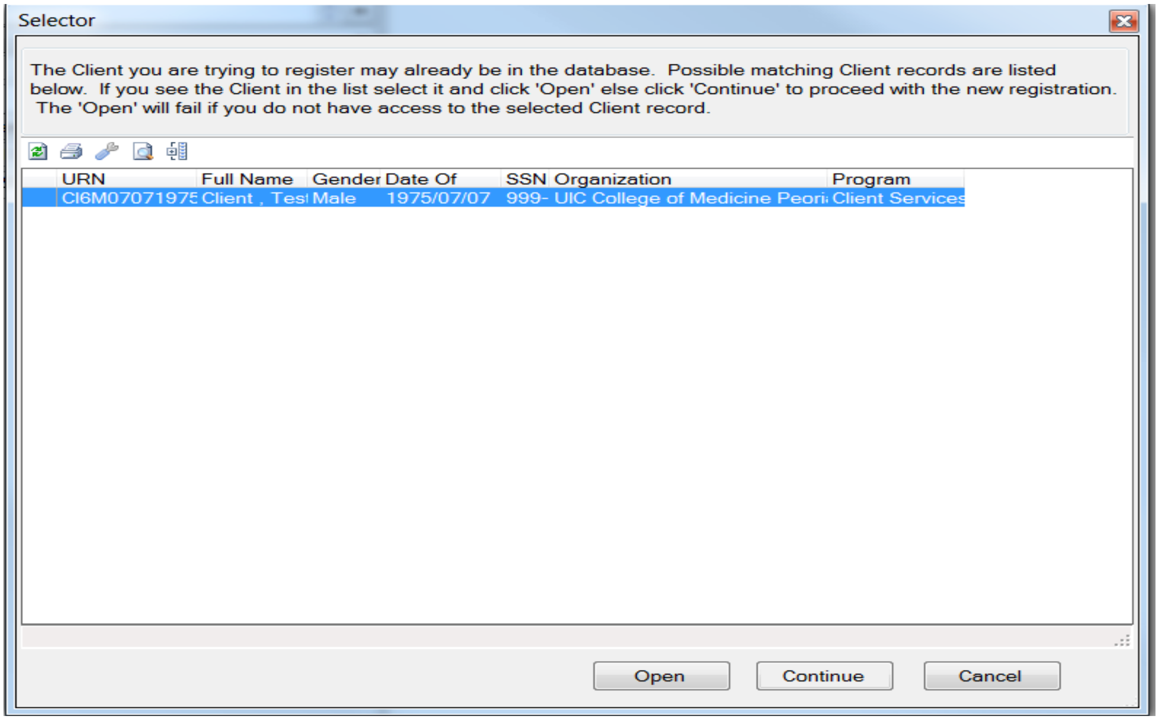
The “Register Client” screen will appear. The Register screen appears as shown below:



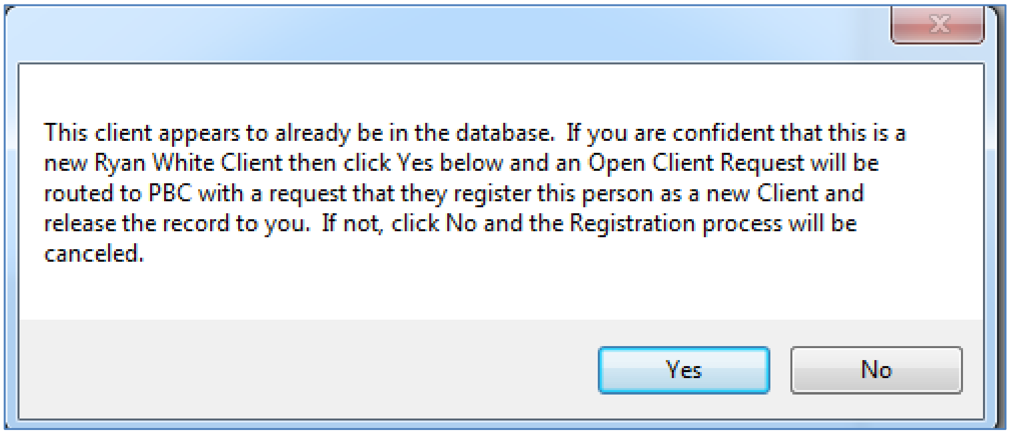
- Fill out the fields as appropriate.
- The “Agency Assigned Client ID” should reflect the ID number that is used at your agency to identify clients. In addition, if your agency uses a formula to assign ID number to your clients, GTI can build the formula into this button (as long as the fields used to compute your ID number are in the Register Client screen). Contact the Provide® Help Desk for more information.
- Once the form is completed, click the 

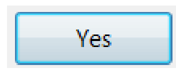
 button on the button bar.
- At this time, the system will start the duplicate check process to see if this client may already be in the database. The first part of the duplicate checking logic is looking to ensure none of the client records you have access to are possible duplicates of the client you are trying to register.

- If the system believes that this client is already in the system and you have access to that client record, a dialog box similar to the following will appear:

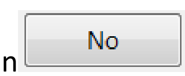


- If you believe that one of the clients listed in the duplicate check window is the client you are trying to register, simply place a checkmark next to the client and click the "Open" button to go to that Client Profile rather than registering a duplicate.
- If you click the "Continue" button to try to proceed with registering the client, the system will stop you because it appears you are going to create a duplicate. If there are no existing client records that you have access to that appear to be a duplicate of the client then the second stage of duplicate checking is performed. The system will search for client records in the entire Provide database – even those you do not currently have access to - that might be a duplicate of the client you are trying to Register. If it finds a possible duplicate, you will see the following message:
- You will see this screen:



If you are sure this is a new client, click the 

button. The system will route the open client request to PBC and they will register the client for you and release the record to you. If you click "Yes" then an "Open Client Request" record will be generated and sent to PBC for review and processing. If the client does exist in the database and the Verification of Enrollment form is properly signed and scanned in then PBC will release access to the client record to your Agency. If the client does not match an existing client record then PBC will register the client and release the client record to your Agency. If there is a problem with the Verification of Enrollment record or some other data in your "Open Client Request", PBC may reject your Open Client Request. You can track the status of your Open Client Request by going to the view "Client\Open Client Requests\By Status."

- If you click on 

, the registration process will be canceled.

Duplicate Checking Logic

The PE system has been configured for Palm Beach to help prevent the possible duplication of client records. This is critical for the County to properly report on "unduplicated" clients for the Ryan White programs and to ensure that care management and coordination between providers is most effective.

When a user attempts to "Register" a client in the PE database the system runs a series of checks to help prevent duplication. First, the system checks to see if the client the user is trying to register matches a client that the user has access to in the system by looking for matches according to the following comparisons:

- Matching Agency Assigned Client ID
- Matching SSN
- Matching Last and First Name
- Matching Last Name and Date of Birth

If there are not any matches to clients that the user has access to then the registration process does a second round of possible duplicate checking against all client records in the database even those client records that the user does not have direct access to. The following duplicate checks are issued:

- Matching Agency Assigned Client ID
- Matching SSN
- Matching Last and First Name
- Matching Last Name and Date of Birth

Chapter

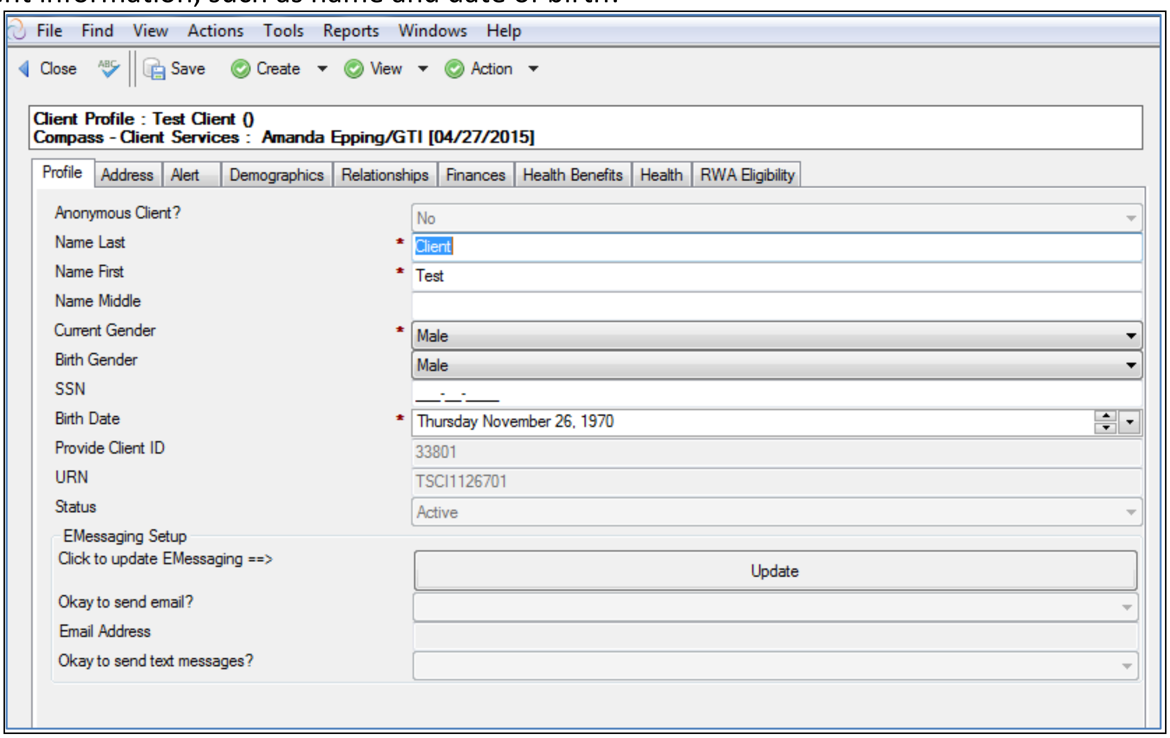
4

Completing the Client Profile

This section of the guide will review all of the sections of the client profile.

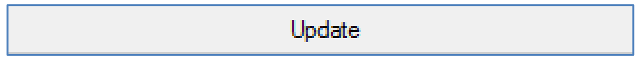
Profile Tab

The Profile section of the client file shown in the following diagram is where you will find key client information, such as name and date of birth:



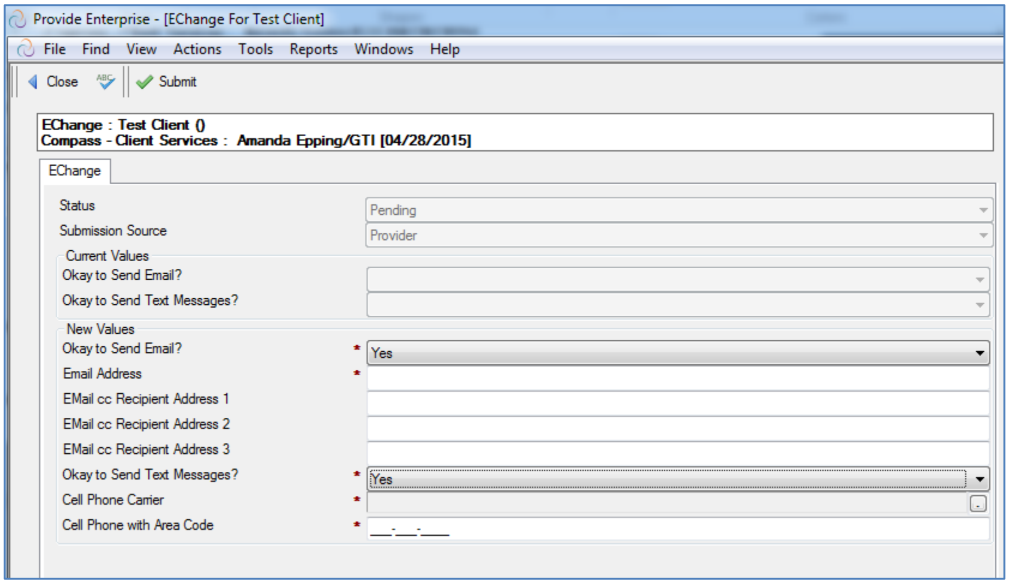
Fill in the appropriate fields:

- **Legal Last Name** – Enter the client's legal last name.
- **Legal First Name** – Enter the client's legal First name. I.E. if the client's legal name is William but goes by Bill, please enter William and not Bill.
- **Legal Middle Initial** – Enter the middle initial of the client.
- **Name Suffix** – Enter any suffix the client wants after their name (Jr., Sr., I, II, etc.).

- **Also Known As** – Enter any aliases the client has.
- **Current Gender** – Enter the current gender of the client.
- **Birth Gender** – Enter the gender of the client at birth.
- **SSN –** Enter the client's.
- **EMessaging Setup:** To update the client's emessaging information, you would need to click on 

.

  The following screen will appear:



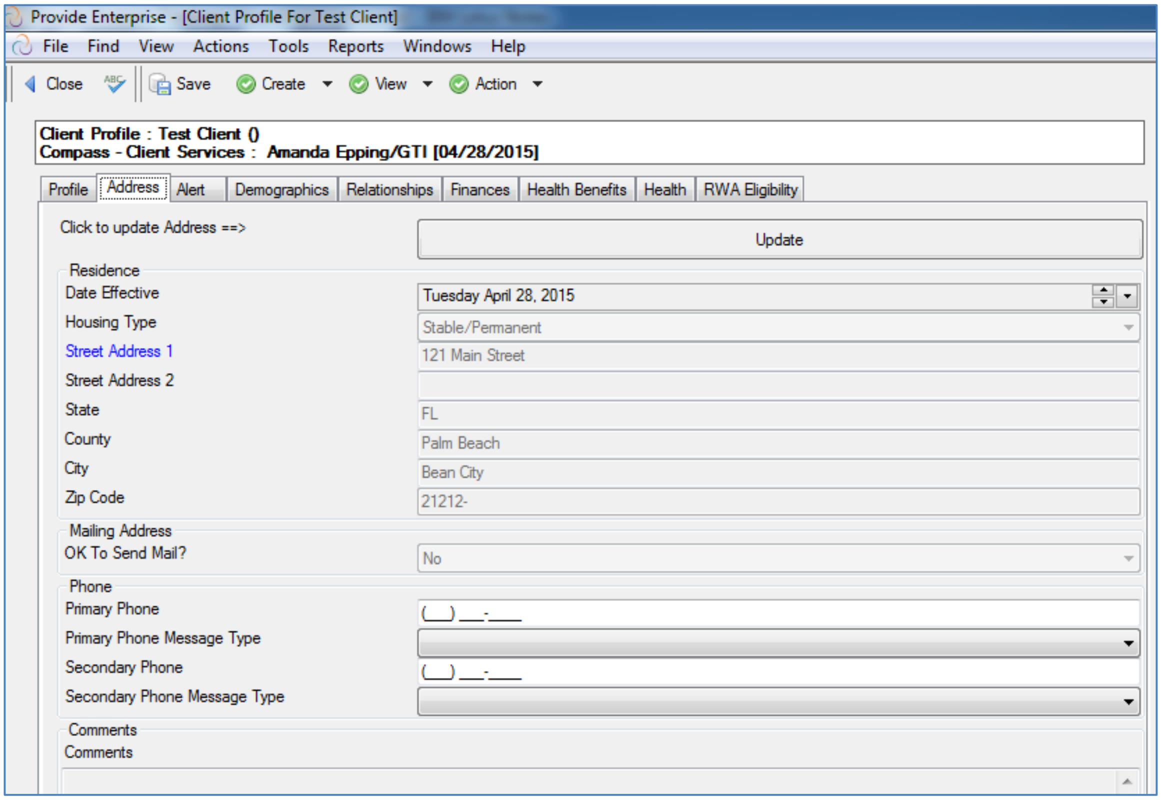
Fill in the appropriate fields:

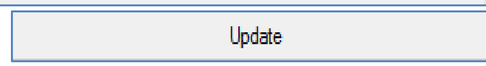
- **Okay to send Email -** Enter "Yes" or "No"
- **Email Address -** Enter the client's email address and any additional email address that the client would also like copies of the emails sent.
- **Okay to Send Test Messages:** - Enter "Yes" or "No."
- **Cell Phone Carrier -** Select the cell phone carrier.
- **Cell Phone with Area Code -** Enter the client's cell phone

After you have entered this information, click on 

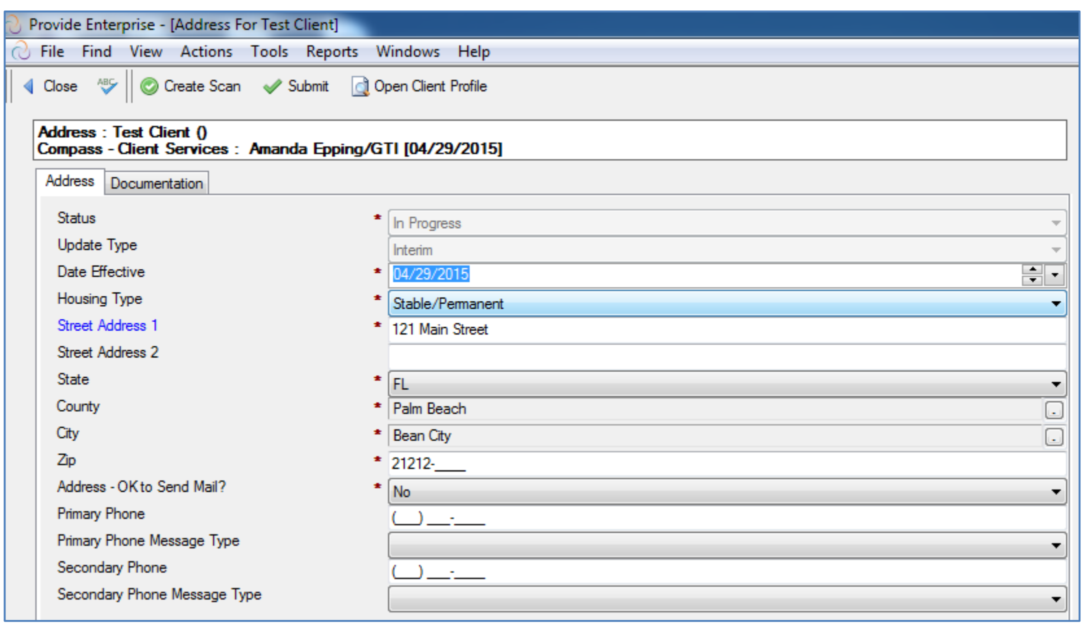
to submit the emessaging update. You cannot save emessaging updates "In Progress." You must "Submit" your changes or close without saving.

Address Tab



To Update the address, you must click on 

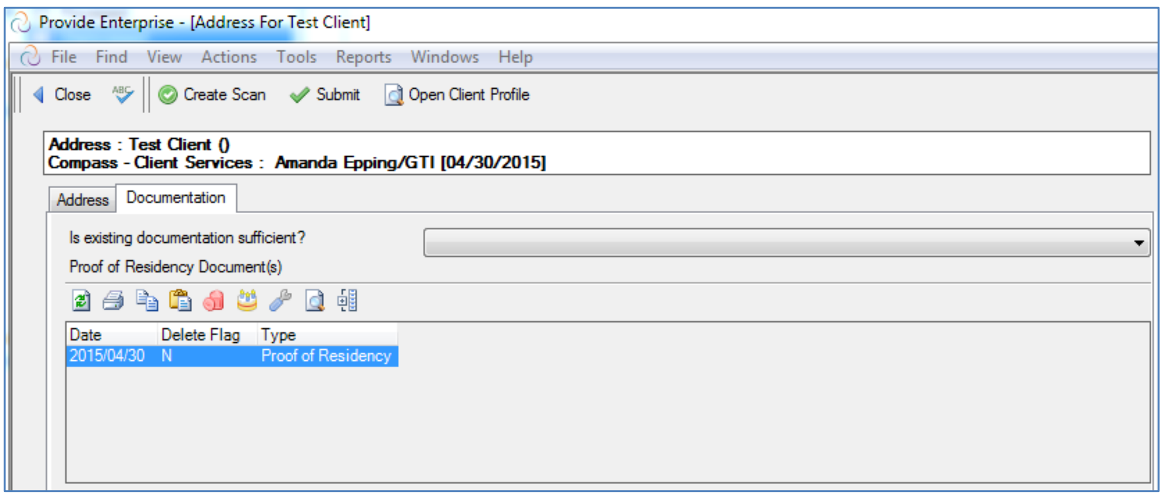
.



Fill in the appropriate fields:

- **Status –** will be set as In Progress until it is submitted.
- **Update Type –** this will pre-populated for you.
- **Housing Status** – the current housing status of the client.
- **Street Address 1** – the house number and street name for the client.
- **Street Address 2** – used to not apartment number, lot number, etc.
- **State** – the state of residence for the client.
- **County** – the county of residence for the client.
- **City** – the city of residence for the client.
- **Zip** – the zip code of residence for the client.

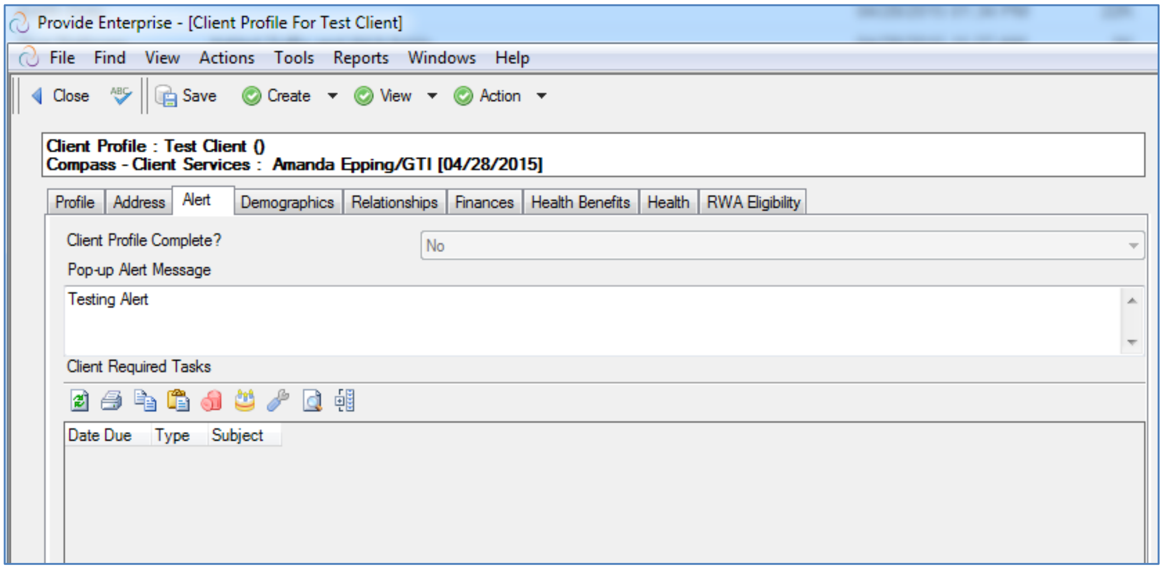
On the documentation tab, you will document the proof of residency.



- **Is existing documentation sufficient?** – Select "Yes" or "No." If no, you will need to answer "Why Not?." If you need to create a proof of residency document, click on "Create Scan." Directions on how to "Create a Scan" can be found at the end of chapter 3 or at the end of chapter 5 in this manual.
- When the address update is complete, hit the Submit to submit your changes.

Alert Tab

The Alert section of the client file is where all client alerts a client is located.

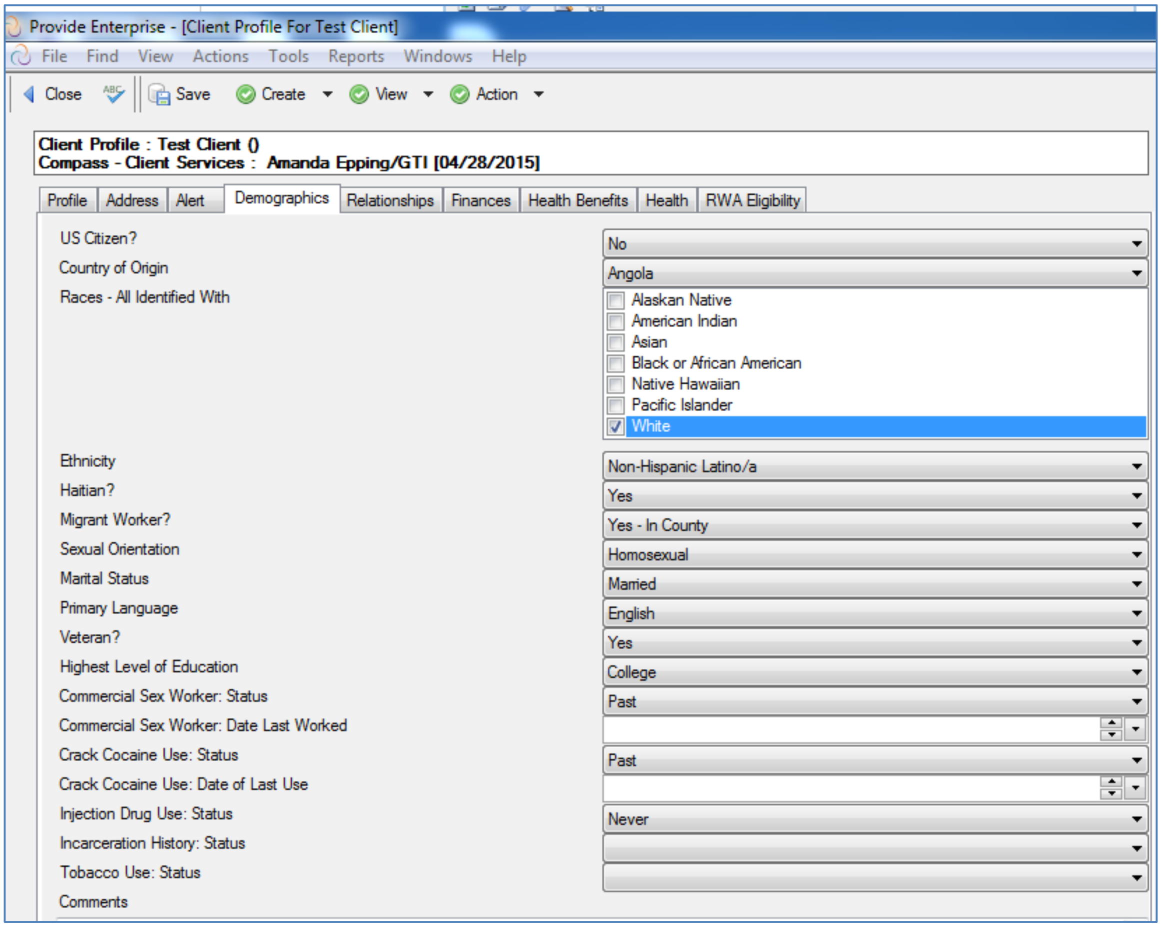


Fields:

- **Client Profile Complete** - This will auto populate to tell you if the client's profile is complete.
- **Pop-Up Alert Message** – If you would like an alert message each time you open the client's profile, you would type the message in this box.
- **Client Required Tasks** – The client required task are listed in this section.

Demographics Tab

The Demographic section of the client file is where all vital demographic information on a client is located.



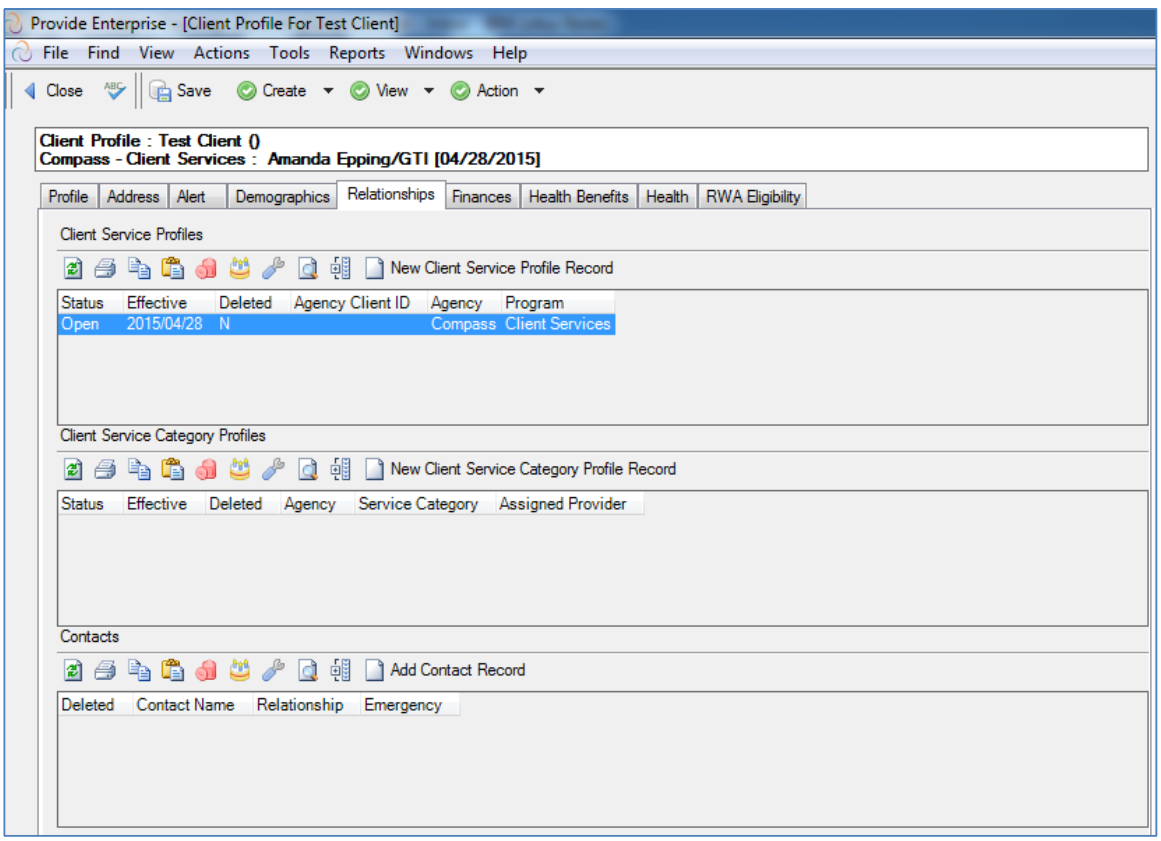
Fill in the appropriate fields:

- **US Citizen?** – Select "Yes" or "No."
- **Country of Origin** – Select the country in which the client was born.
- **Races – All Identified With –** Select all the races the client identifies with.
- **Ethnicity** – Select the appropriate ethnicity.
- **Haitian?** – Select "Yes" or "No."
- **Migrant Worker -** Select the appropriate status.
- **Sexual Orientation –** Select the sexual orientation of the client.
- **Marital Status** – Select the current marital status of the client.
- **Primary Language** – Select the client's primary communication language.
- **Veteran** – Select "Yes" or "No" if the client has been in the military.
- **Highest Level of Education** – Select the highest level of education obtained by the client.
- **Commercial Sex Worker Status** – Select the status of the client. If the client is currently or has a history of being a commercial sex worker, you will be prompted to enter the date the client last worked.

- **Crack Cocaine Status -** Select the status of the client. If the client is currently or has a history of using crack cocaine, you will be prompted to enter the date the client last used.
- **Injection Drug Use Status -** Select the status of the client. If the client is currently or has a history of injection drug use, you will be prompted to enter the date the client last used.
- **Incarceration History -** Select the status of the client. If the client is currently or has a history of incarceration, you will be prompted to enter the date the client was last released.
- **Tobacco Use** – Select the status of the client. If the client previously used tobacco, you will be prompted to enter the date the client last used.

Relationship Tab

This section of the client profile is view and/or create client service profiles, client service category profiles, and contact records.

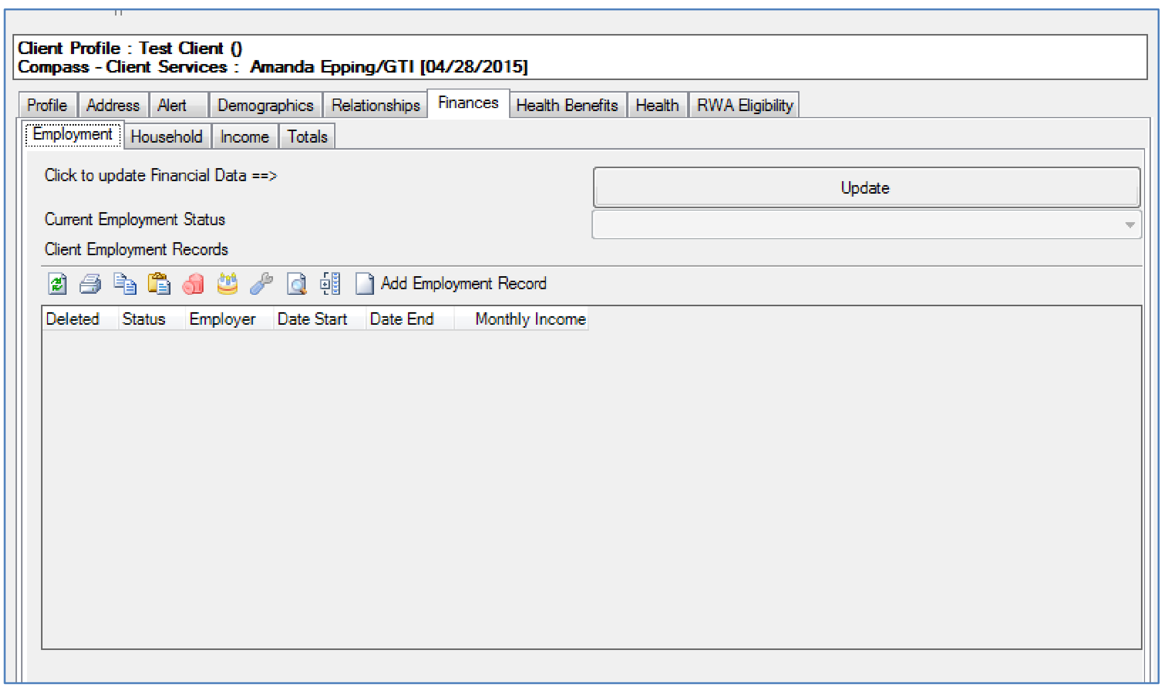


Fields:

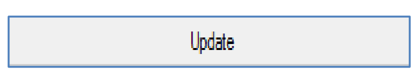
- **Client Service Profiles** – You can view the client's service profiles in this view. You can also create new client service profile records. (Please see the common data entry section of this guide for instructions to create client service profile records).
- **Client Service Category Profiles** – You can view the client's service category profiles in this view. You can also create new client service category profile records. (Please see the common data entry section of this guide for instructions to create client service category profile records).
- **Contacts** – You can view the client's contacts in this view. You can also create new contact records. (Please see the common data entry section of this guide for instructions to contract records).

Finances Tab

The Finances section of the client file is where the client' financial information is located.



Employment Tab: On the employment Tab, you may update the financial data and/or add employment records.

To Update the Financial data, you must click on 

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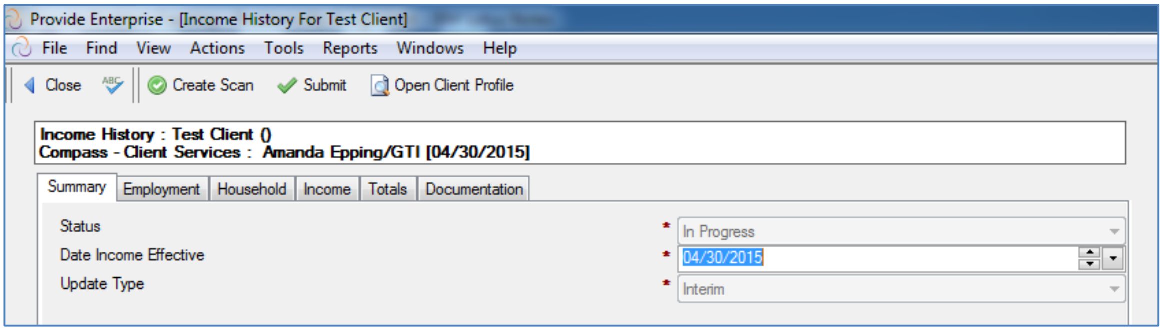
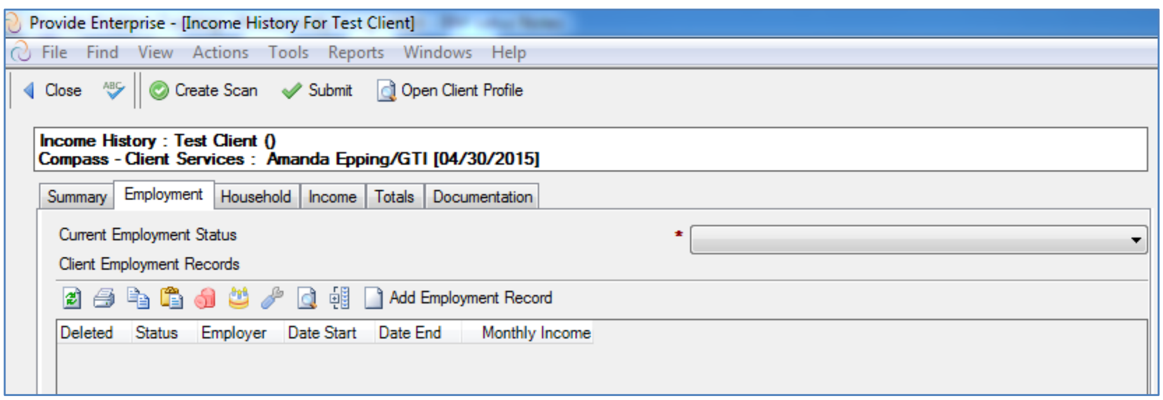
Summary Tab:

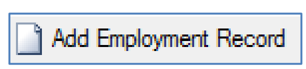


Fill in the appropriate fields:

- **Status –** The status will be "In Progress" until the income record is submitted.
- **Date Income Effective –** Enter the data the income is effective.
- **Update Type –** Will default to the update type.

Employment Tab:



- **Current Employment Status** – Select the employment status.
- **Client Employment Records** – The client's employment records can be viewed or created here.
- **To Create an Employment Record click on** 

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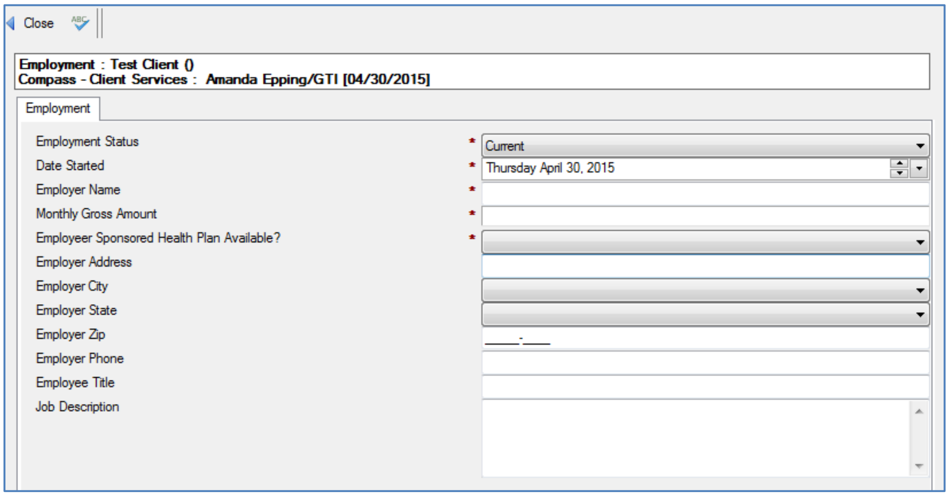
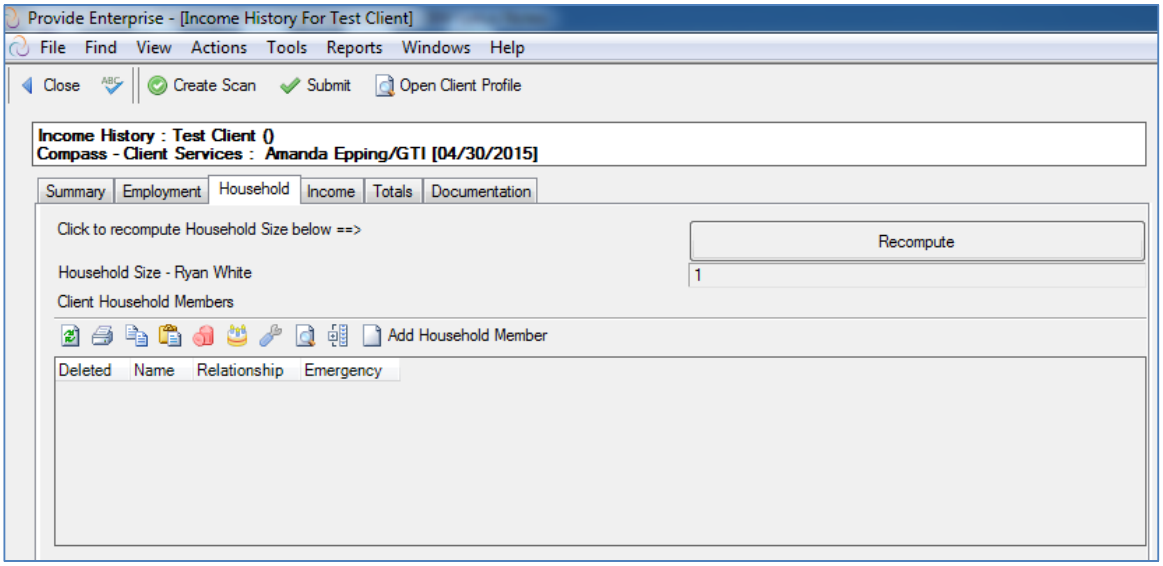


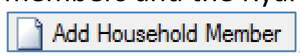
Fill in the appropriate fields:

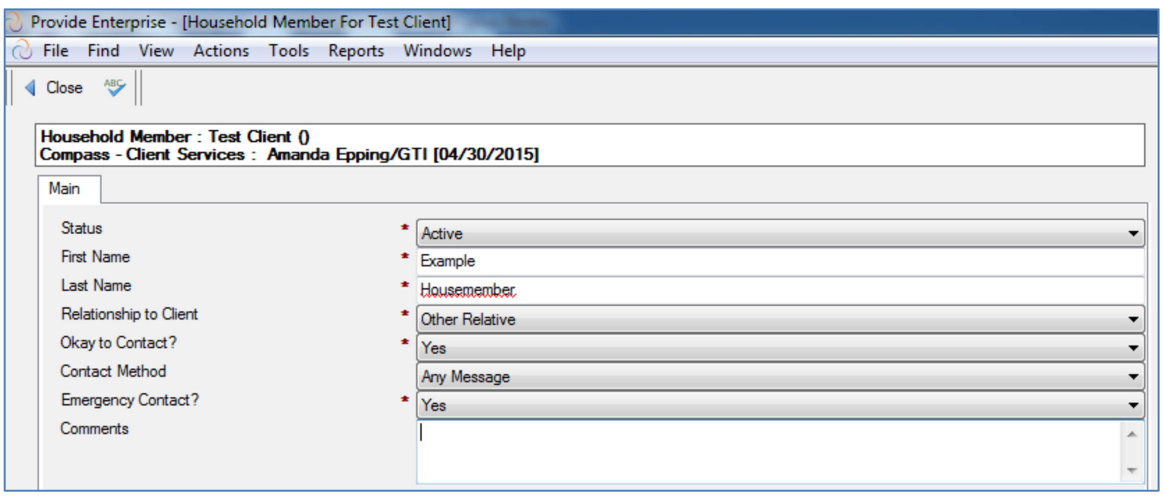
- **Employment Status –** Select “Current” or “Past.”
- **Date Started –** Enter the date the client started the employment.
- **Month Gross Amount –** Enter the month gross income of the employment.
- **Employee Sponsored Health Plan Available?** - Select “Yes” or “No.”
    - **If “Yes”**
        - **Enrolled in Health Plan** - Select “Yes” or “No.”
            - **If “No” –**
                - **Why not enrolled –** Enter the reason they client is not enrolled.
- **Employer Address –** Enter the Employer’s Address.
- **Employer City –** Enter the Employer’s *City*.
- **Employer State–** Enter the Employer’s state.
- **Employer Zip–** Enter the Employer’s zip code.
- **Employer Phone –** Enter the Employer’s phone number.
- **Employee Title -** Enter the client’s job title.
- **Job Description –** Enter the client’s job description.

Household Tab:



This tab will show you the house hold members and the Ryan White Household size.

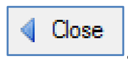
To add a Household member, click on .



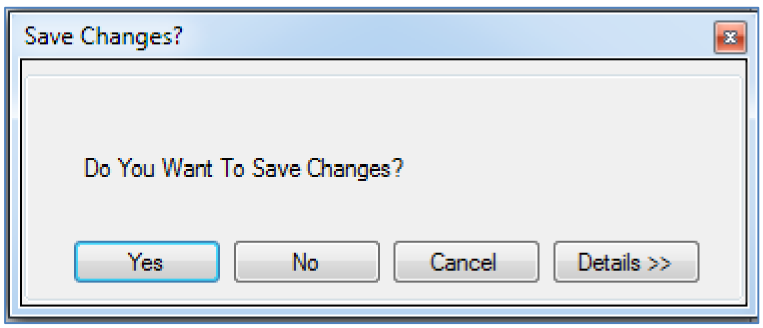
Fill in the appropriate fields:

- **Status –** Select "Active" or "Inactive."
- **First Name –** Enter the family member's first name.
- **Last Name –** Enter the family member's last name.
- **Relationship to Client** – Select the relationship.
- **Okay o Contact?** - Select "Yes" or "No."
    - **If "Yes"**
        - **Contact Method** - Select the contact method.
- **Emergency Contact? –** Select "Yes" or "No."
- **Comments –** Enter any comments.

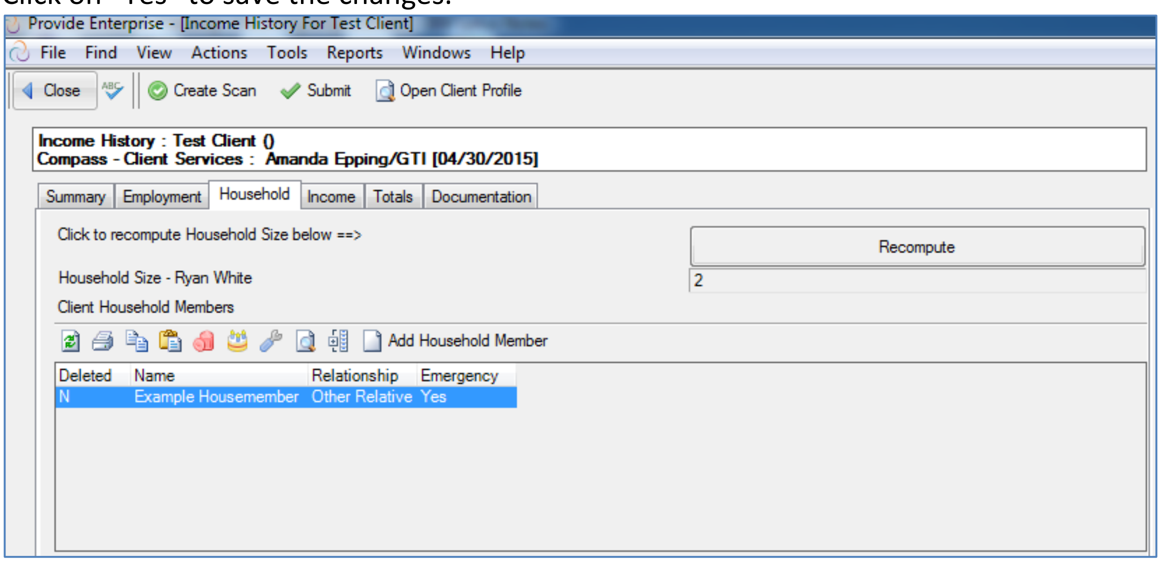
- **Employer Phone –** Enter the Employer’s phone number.
- **Employee Title -** Enter the client’s job title.
- **Job Description –** Enter the client’s job description.
- **Employer City –** Enter the Employer’s *City*.
- **Employer State–** Enter the Employer’s state.
- **Employer Zip–** Enter the Employer’s zip code.
- **Employer Phone –** Enter the Employer’s phone number.
- **Employee Title -** Enter the client’s job title.
- **Job Description –** Enter the client’s job description.

When the record is completed, click on 

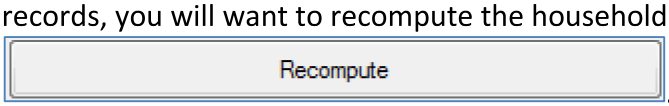
. Then you will receive the prompt below:



Click on “Yes” to save the changes.



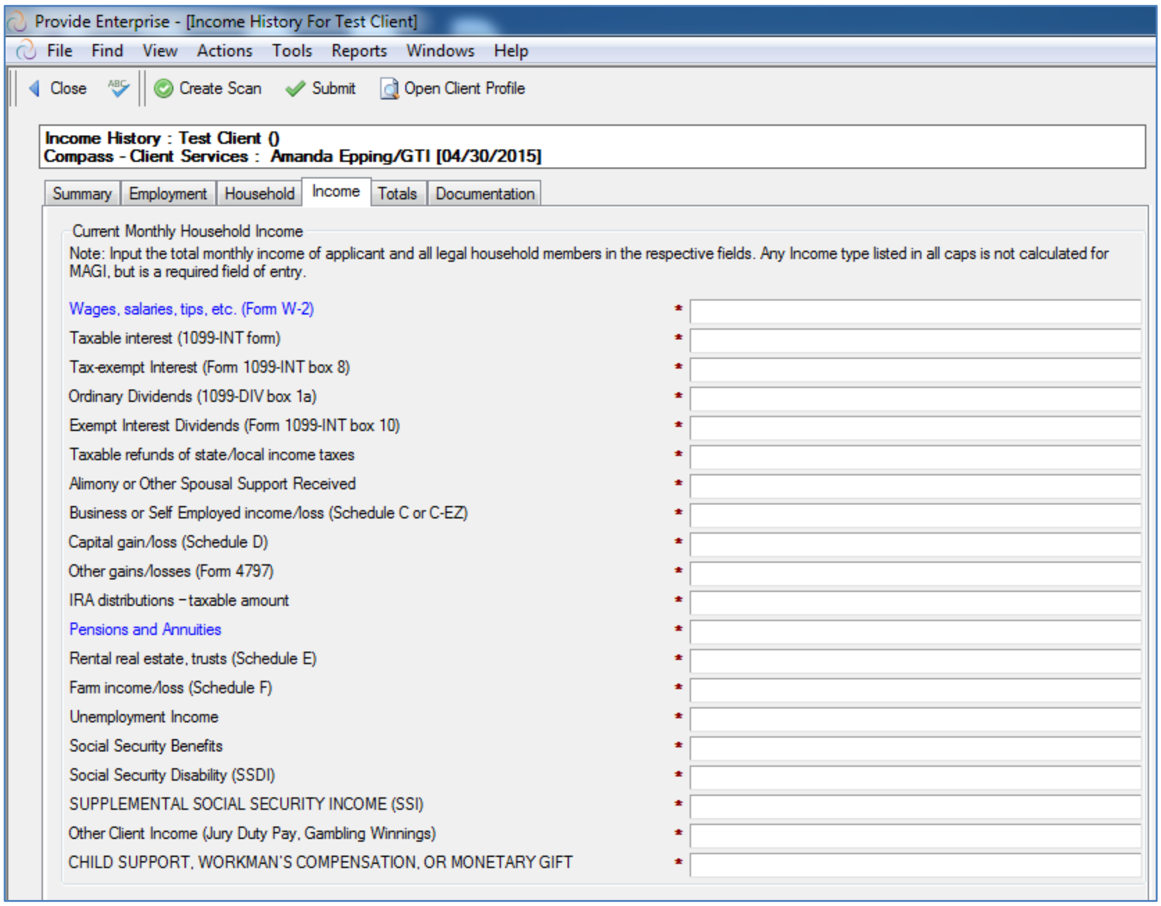
After you add household members or complete any updates to the household member records, you will want to recompute the household size. Click on



. The Household Size – Ryan White will then be recomputed.

Income Tab:

The Income Tab will be where you document the client's incomes. Input the total monthly income of the applicant and all legal household members in the respective fields. Any income type listed in all caps is not calculated for MAGI, but is a required field.



Fill in the appropriate fields with each amount.

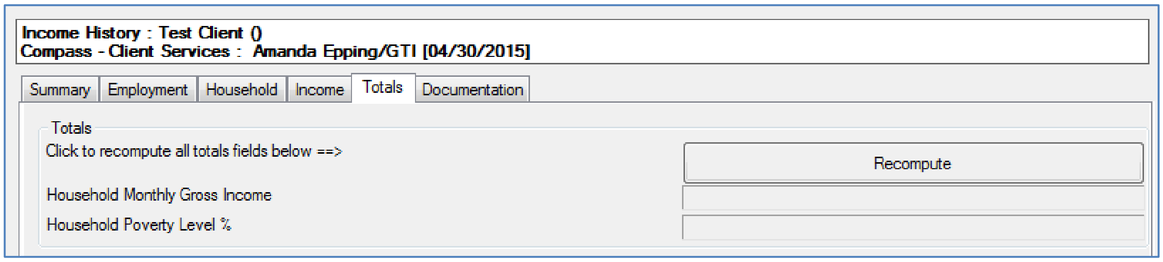
**For the fields in blue font:*

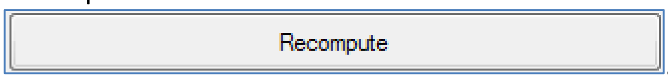
Wages, salaries, tips, etc: Include the total monthly income that the applicant and any legal household members receive from Wages or Salary's (W-2), tip income, and any disability pension benefits received prior to meeting minimum age requirement.

Pensions and Annuities Definition: Include all income both employer based and Veterans Administration based on pension. Note, do not include disability pension income here when disability pay is received prior to normal pension retirement age.

Totals Tab:

The totals tab will calculate the monthly gross income and the household poverty level percentage.

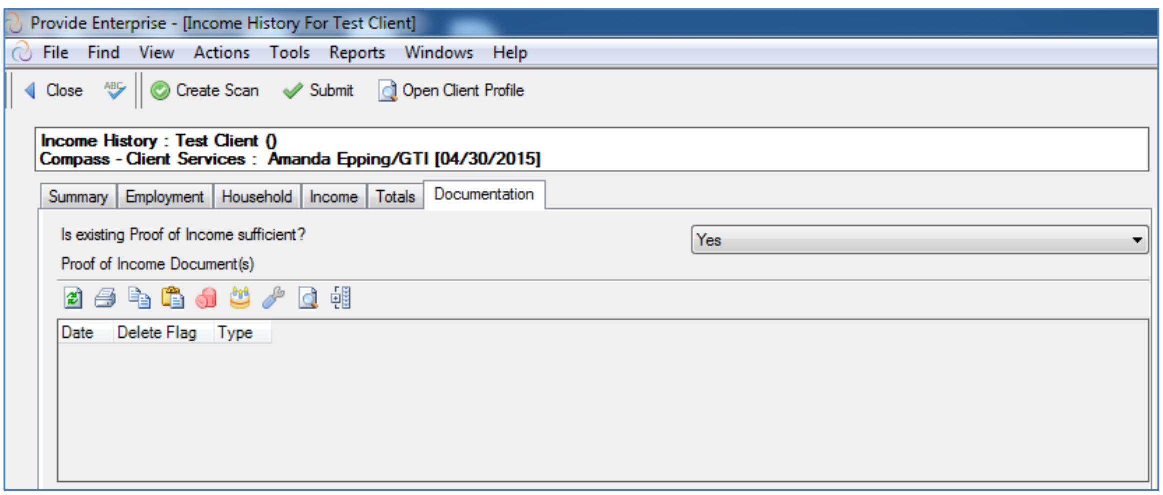


After you updated the employment, household, and/or income, you will want to recompute the income total. Click on 

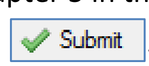
. The income totals will be recomputed.

Documentation Tab:

On the documentation tab, you will document the proof of income.



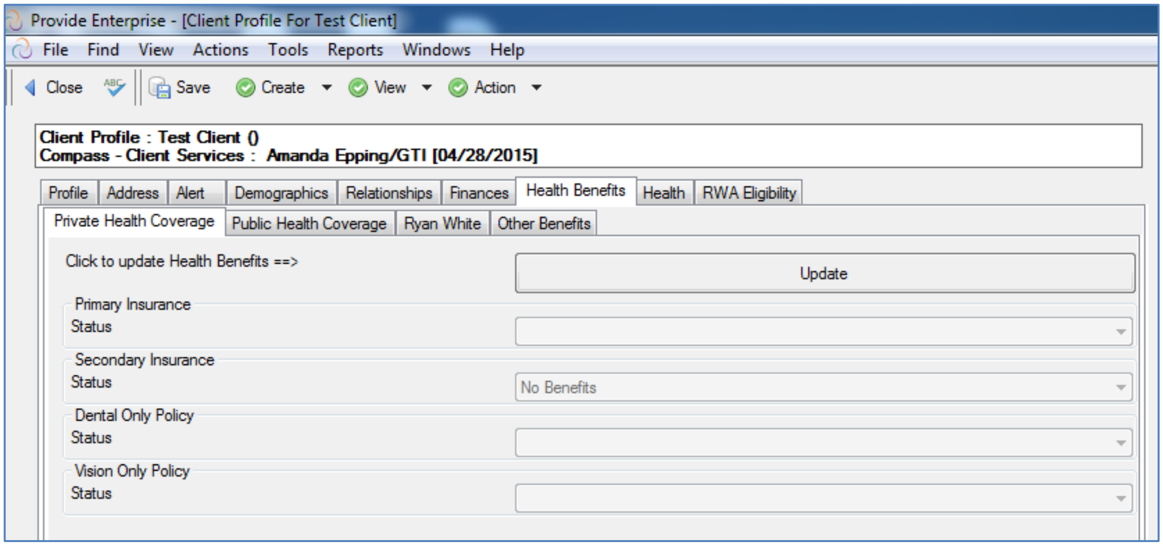
- **Is existing documentation sufficient?** – Select "Yes" or "No." If no, you will need to answer "Why Not?." If you need to create a proof of income document, click on "Create Scan." Directions on how to "Create a Scan" can be found at the end of chapter 3 or at the end of chapter 5 in this manual.

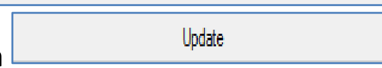
When the income update is complete, you will want to click on 

to submit the income update.

Health Benefits Tab

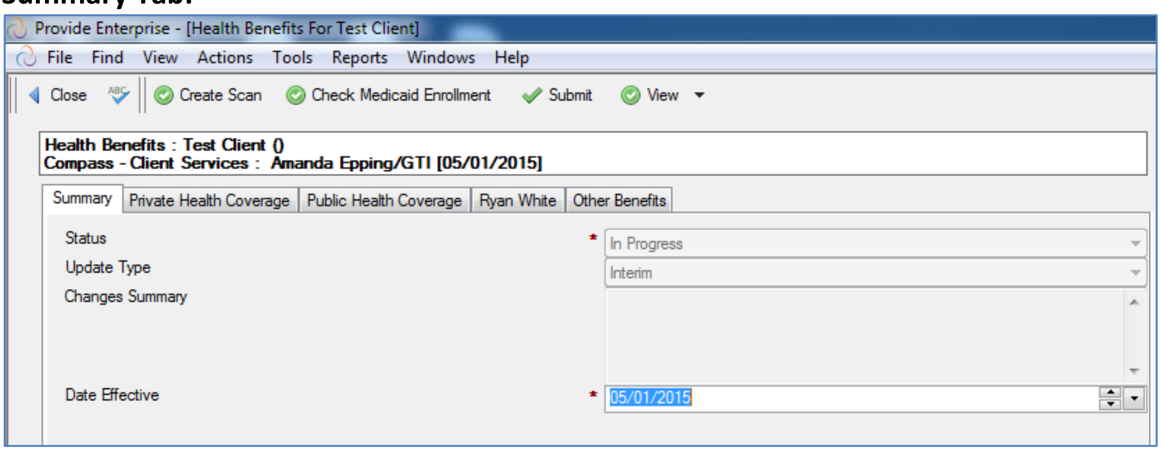
The health benefits section is where you can document the client's Private and Public Medical Insurance as well as Ryan White, ADAP, and other benefits. By default, each program Status is set to "No Benefits".



To update any of the health benefits, you must click on .

You can click on "Update" on any of the benefit tabs to update the health benefits.

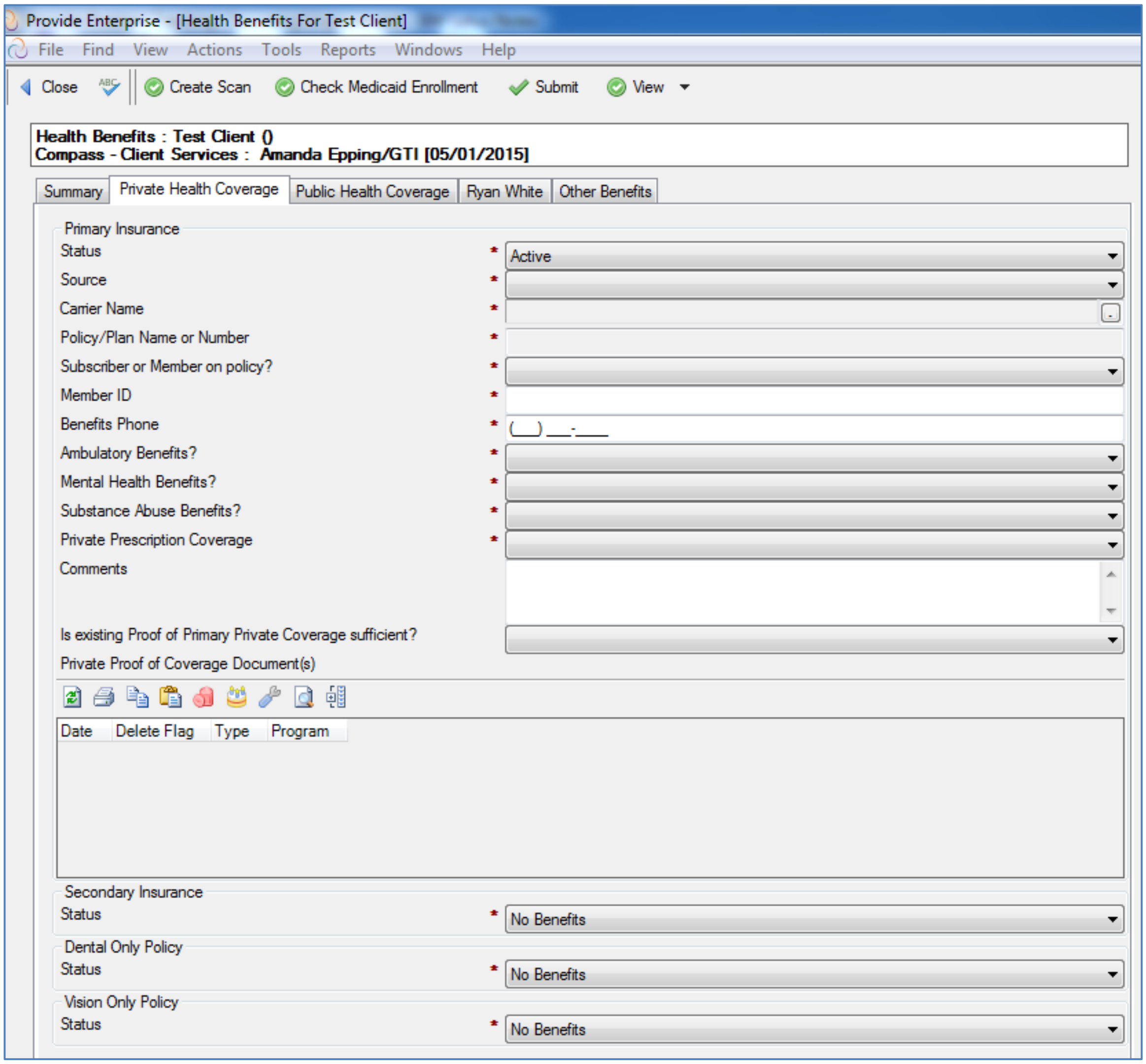
Summary Tab:



Fill in the appropriate fields:

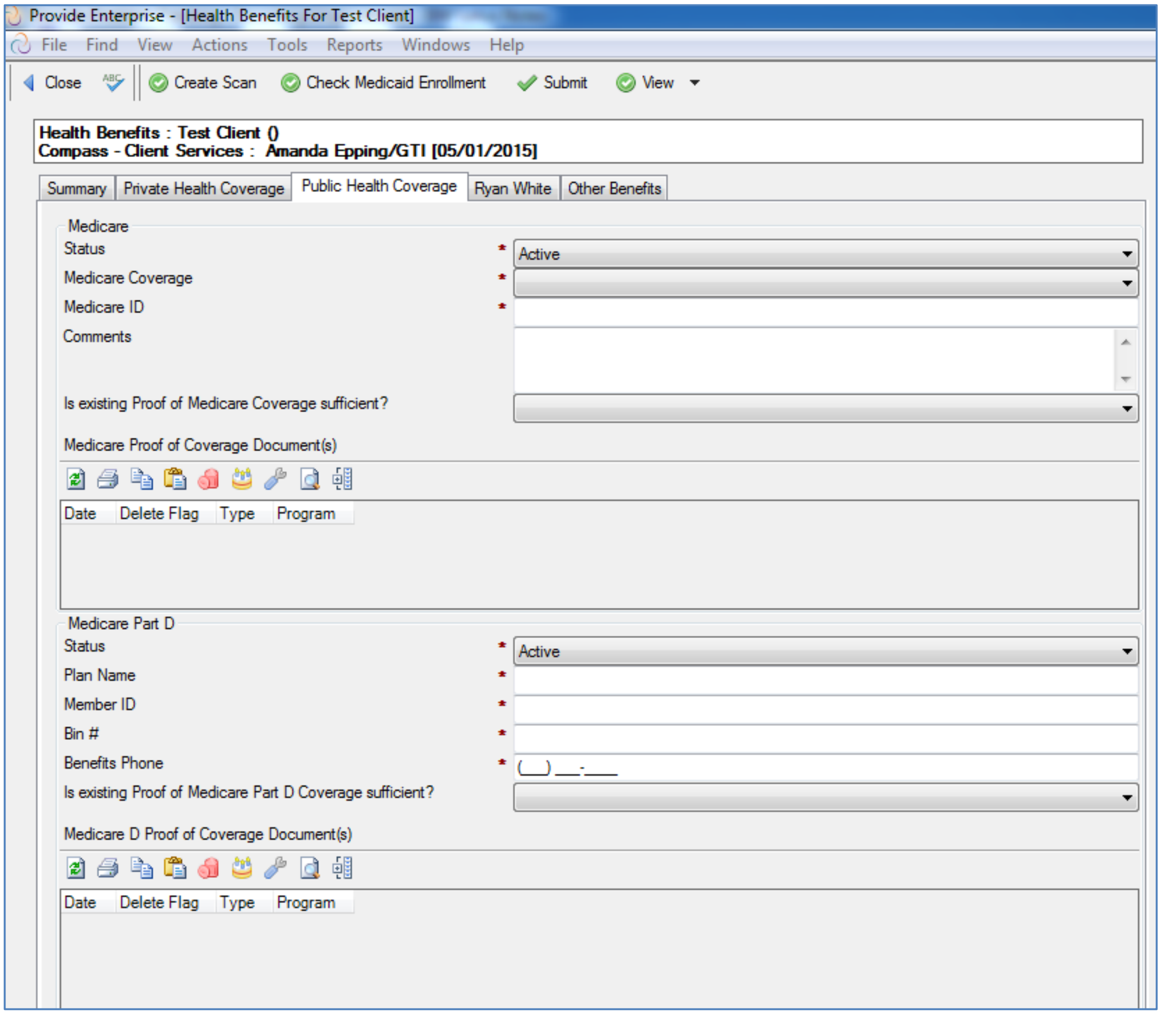
- **Status –** This will be default to "In Progress" until the record is submitted.
- **Changes Summary –** This will populate when changes are submitted.
- **Date Effective –** Select the date the health benefits are effective.

Private Health Coverage Tab:

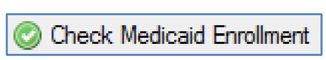


For each insurance (Primary, secondary, dental, vision), fill out the appropriate fields and scan the proofs of coverage for each.

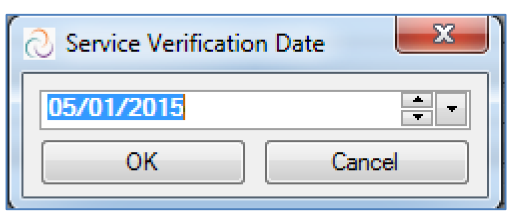
Public Health Coverage Tab:



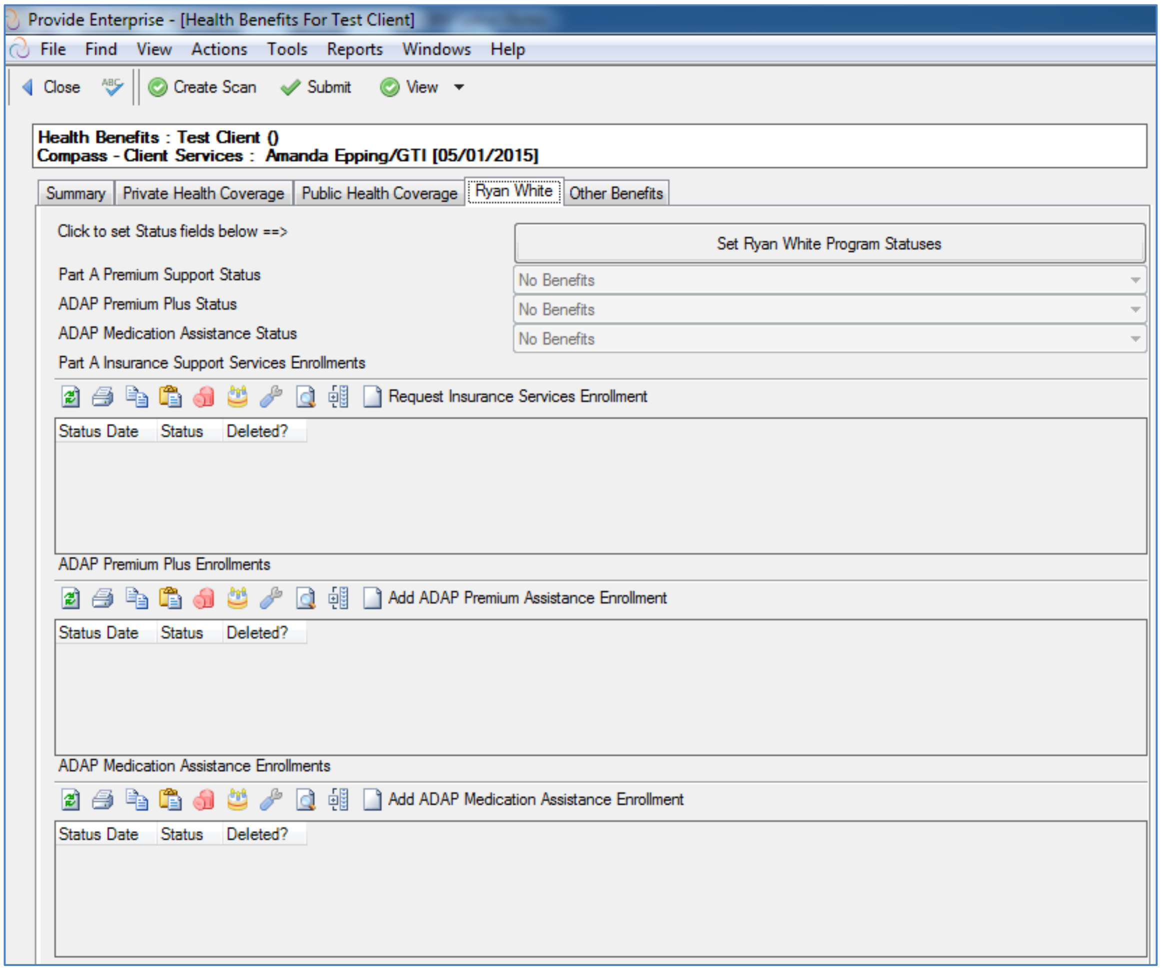
For each public health insurance (Medicare, Medicare Part D, Medicare Supplemental, Veterans Benefits, and Medicaid fill out the appropriate fields and scan the proofs of coverage for each.

You will also need to complete a Medicaid Enrollment check. To complete a Medicaid enrollment check, click on 

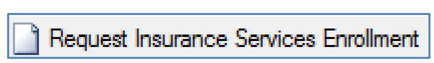
. Enter the date the of the verification and click "OK":



Ryan White Tab:



The client must be actively enrolled in an ACA Exchange primary or Secondary Private Health Insurance Policy to request Insurance Services Enrollment or Enrollment in the ADAP Premium Assistance.

To request an Insurance Services Enrollment, click on 

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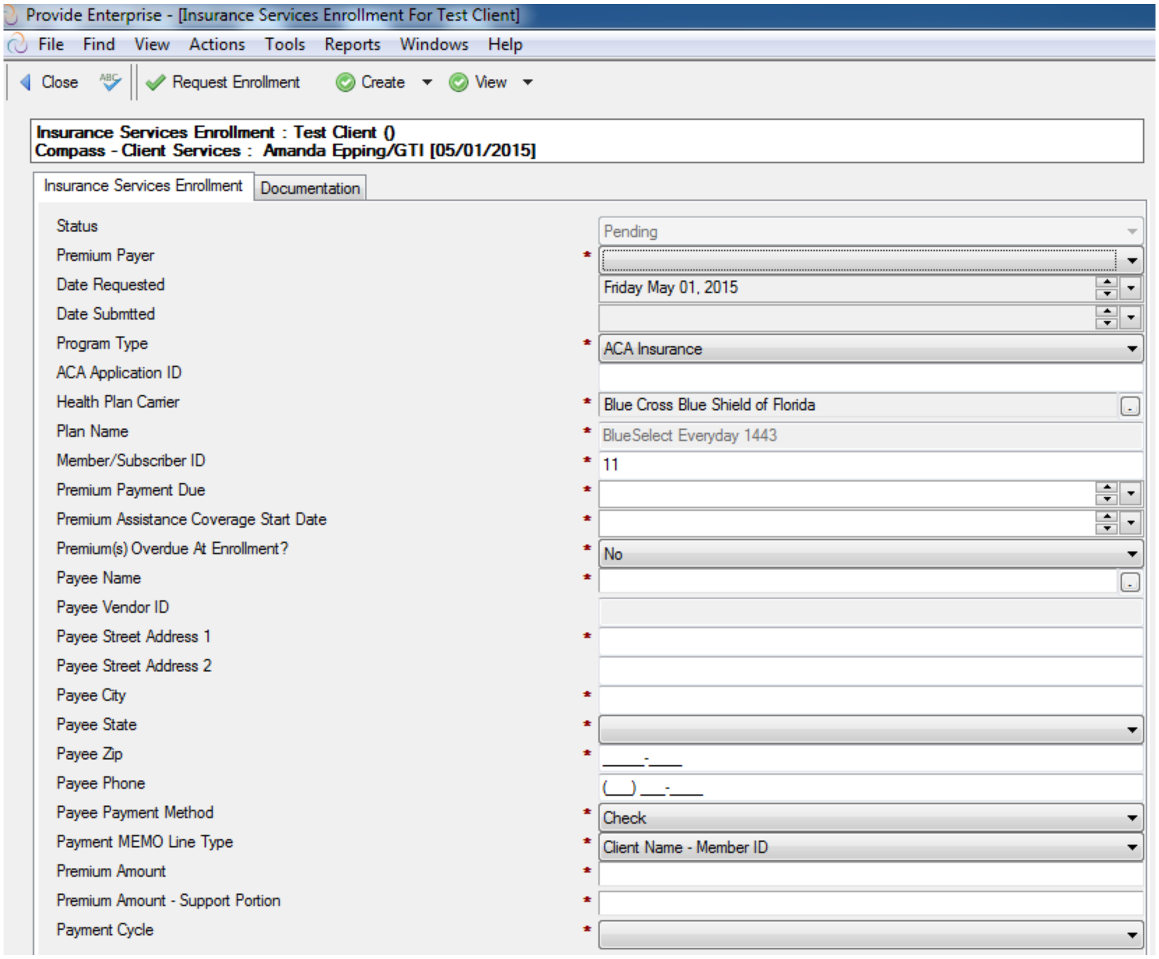
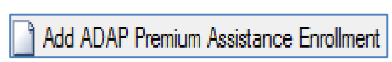
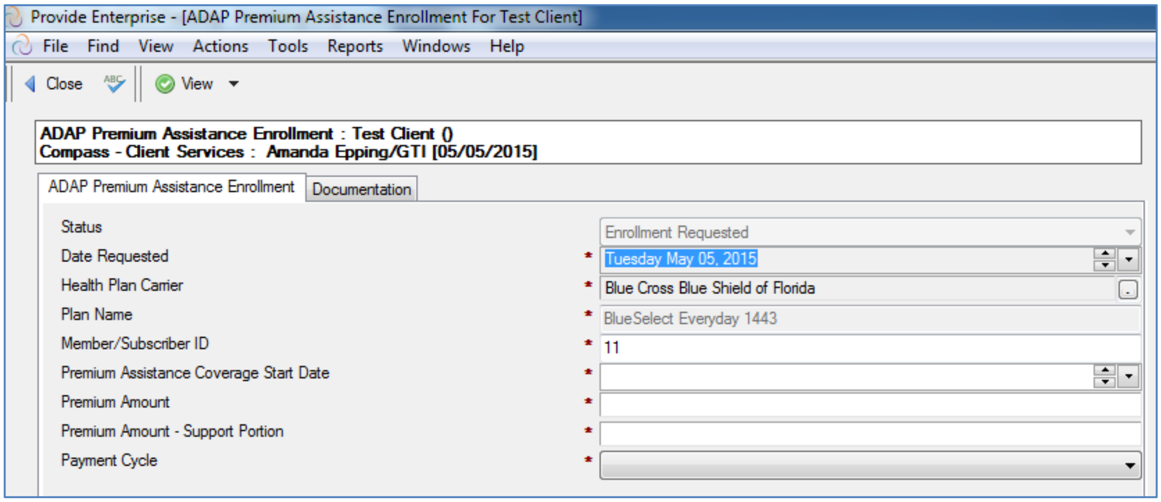


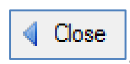
Fill in the appropriate fields.

- **Status –** This will be default to "Pending" until you click on "Request Enrollment".
- Fill out each field and review the documentation on the "Documentation tab."
- When the form is complete, click on .

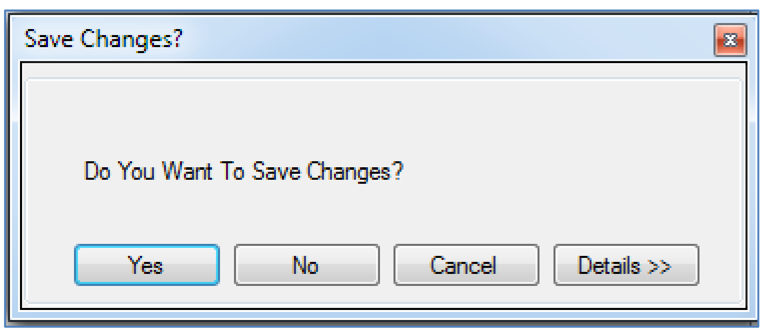
To add an ADAP Premium Assistance Enrollment, click on .



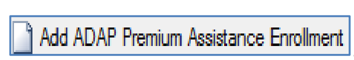
Fill in the appropriate fields.

- **Status –** This will be default to “Enrollment Requested.”
- Fill out each field and review the documentation on the “Documentation tab.”
- When the form is complete, click on 

. Then you will receive the prompt below:



- Click on “Yes” to save the changes.

To add an ADAP Medication Assistance Enrollment, click on 

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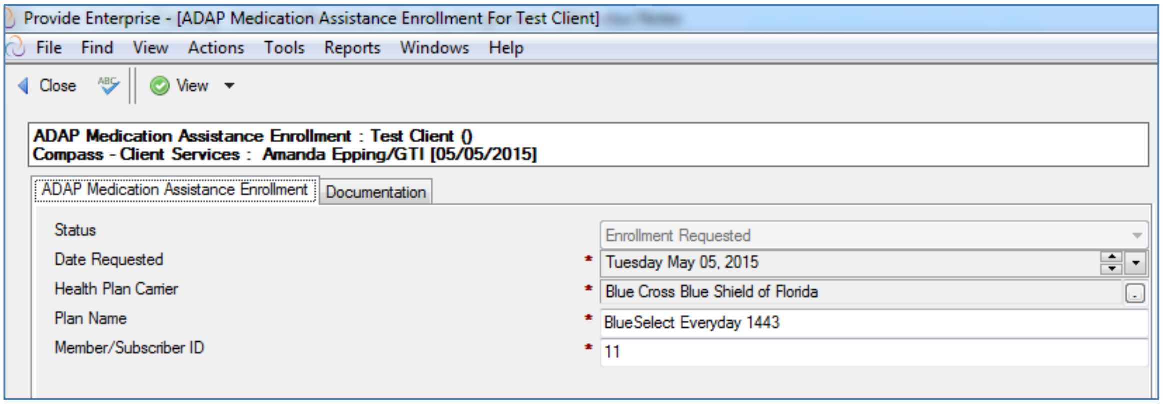
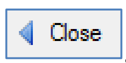
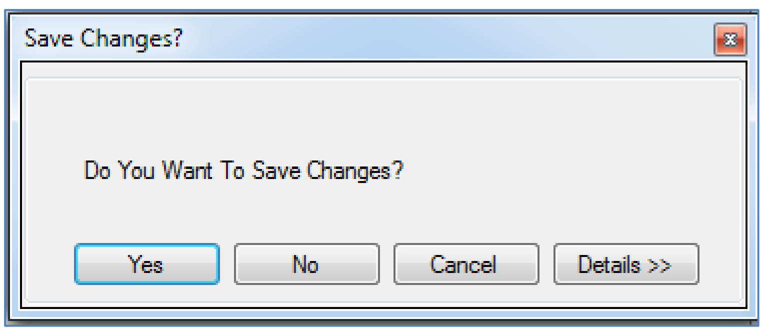


Fill in the appropriate fields.

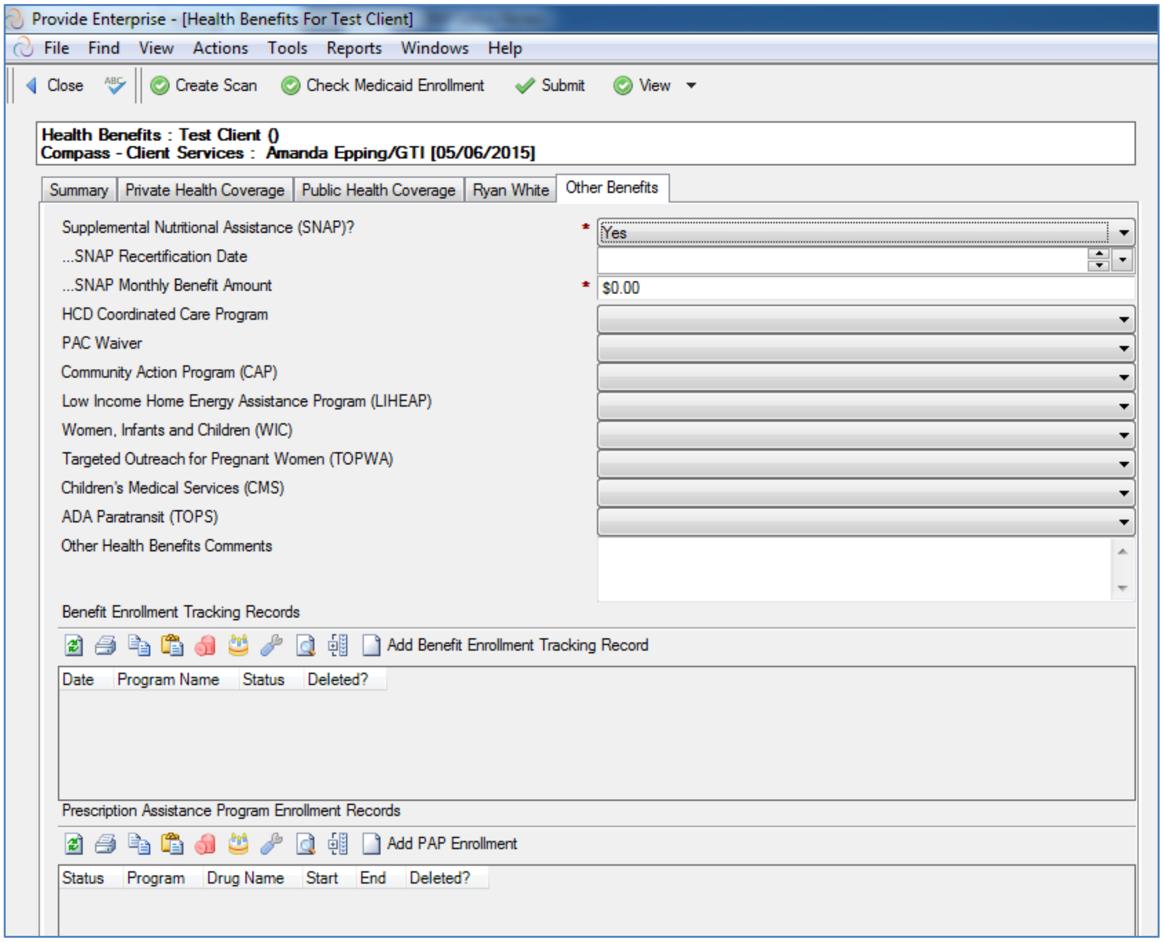
- **Status –** This will be default to "Enrollment Requested."
- Fill out each field. Most of the fields will auto-populate with the information that you have already entered into Provide. Review the documentation on the "Documentation tab."
- When the form is complete, click on When the record is completed, click on 

. Then you will receive the prompt below:



- Click on "Yes" to save the changes.

Other Benefits Tab:

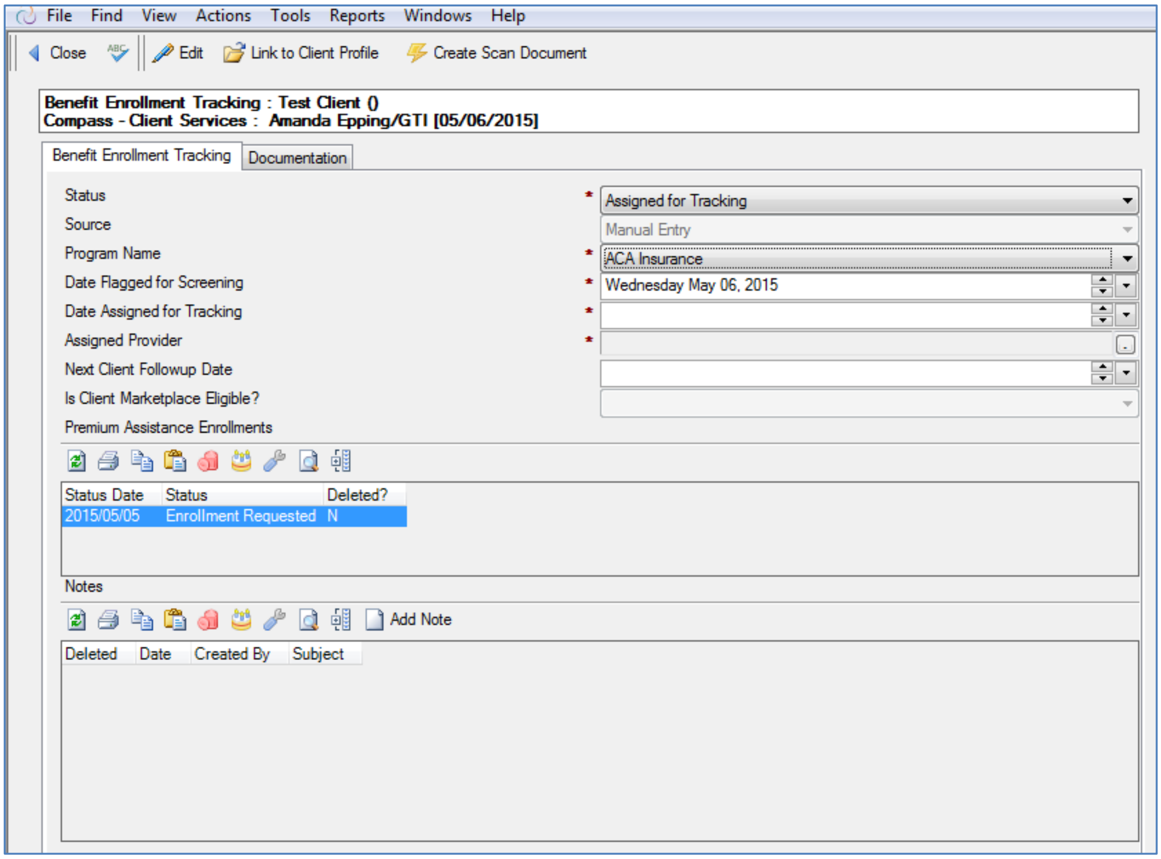


Fill in the appropriate fields:

- **Supplemental Nutritional Assistance (SNAP)? –** Select "Yes" or "No."
  - **If "Yes"**
    - **SNAP Recertification Date** – Enter the date.
    - **SNAP Monthly Benefit Amount** - Enter the SNAP Monthly Benefit Amount.
- **HCD Coordination Care Program –** Select "Yes" or "No."
- **PAC Waiver -** Select "Yes" or "No."
- **Community Action Program (CAP) –** Select "Yes" or "No."
- **Low Income Home Energy Assistance Program (LIHEAP) –** Select "Yes" or "No."
- **Women, Infants, and Children (WIC)** – Select "Yes" or "No."
- **Targeted Outreach for Pregnant Women (TOPWA** – Select "Yes" or "No."
- **Children's Medical Services (CMS)** – Select "Yes" or "No."

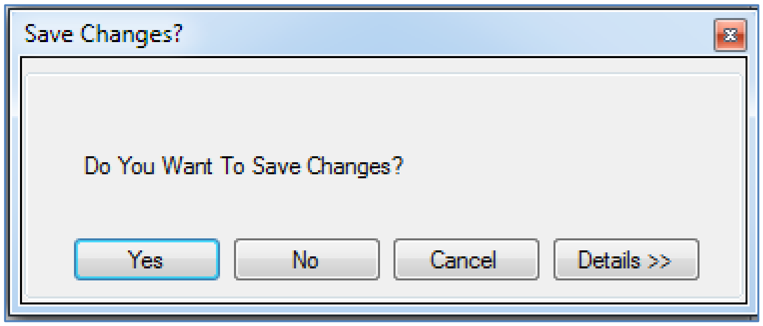
- **ADA Paratransit (TOPS)** – Select “Yes” or “No.”
- **Other Health Benefits Comments**: Enter any comments.

To add a Benefit Enrollment Tacking Record, click on Add Benefit Enrollment Tracking Record.

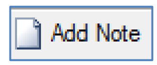


Fill in the appropriate fields.

- **Status –** Select the status.
- Fill out each field. Different fields will appear depending on the status and the program name. On the documentation tab, create any necessary scans. Directions on how to “Create a Scan” can be found at the end of chapter 3 or at the end of chapter 5 in this manual.
- When the form is complete, click on Close. Then you will receive the prompt below:



- Click on “Yes” to save the changes.

To add a Benefit Enrollment Tacking Record Note, click on 

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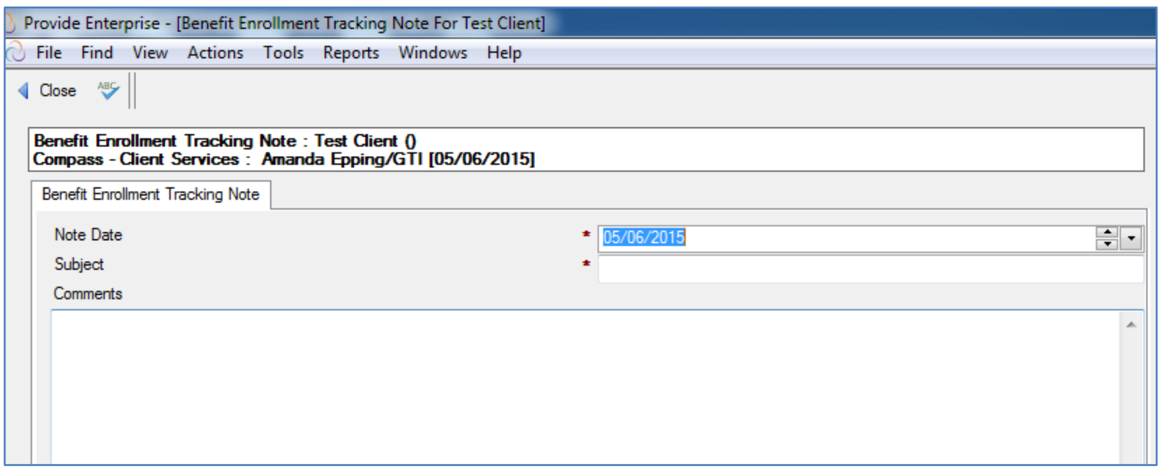
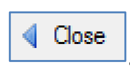
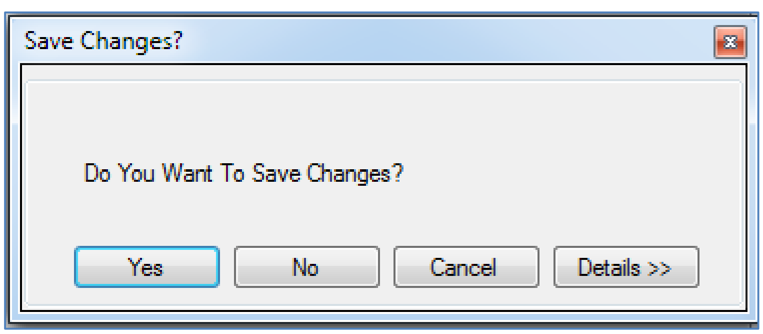


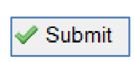
Type in the subject of the note and the note.

- When the note is complete, click on 

. Then you will receive the prompt below:

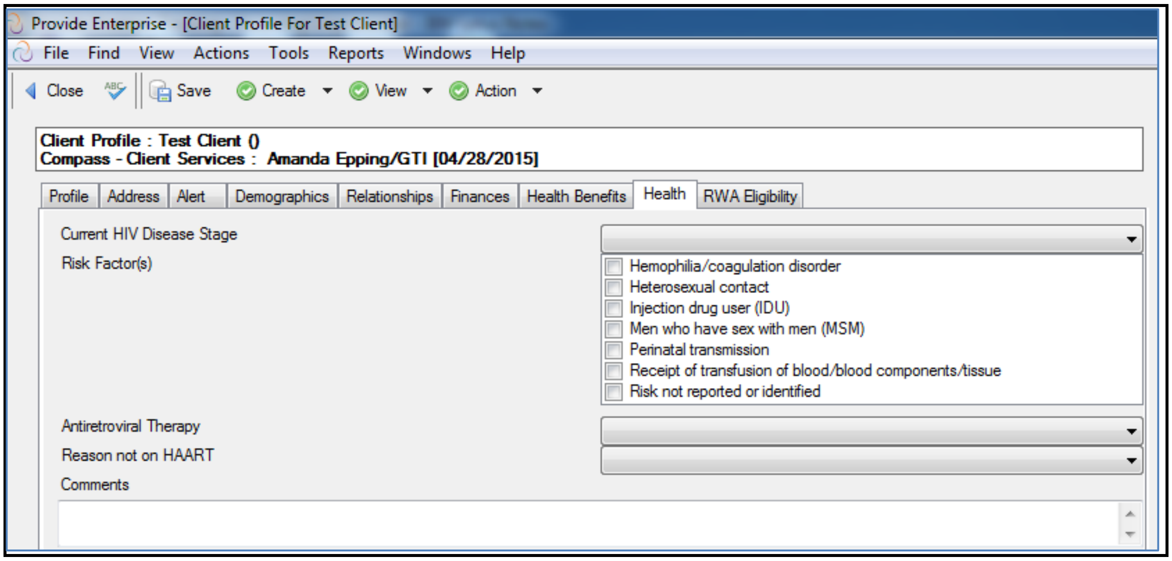


- Click on “Yes” to save the changes.

When the benefit enrollment tracking record is completed, click on 

to submit your changes.

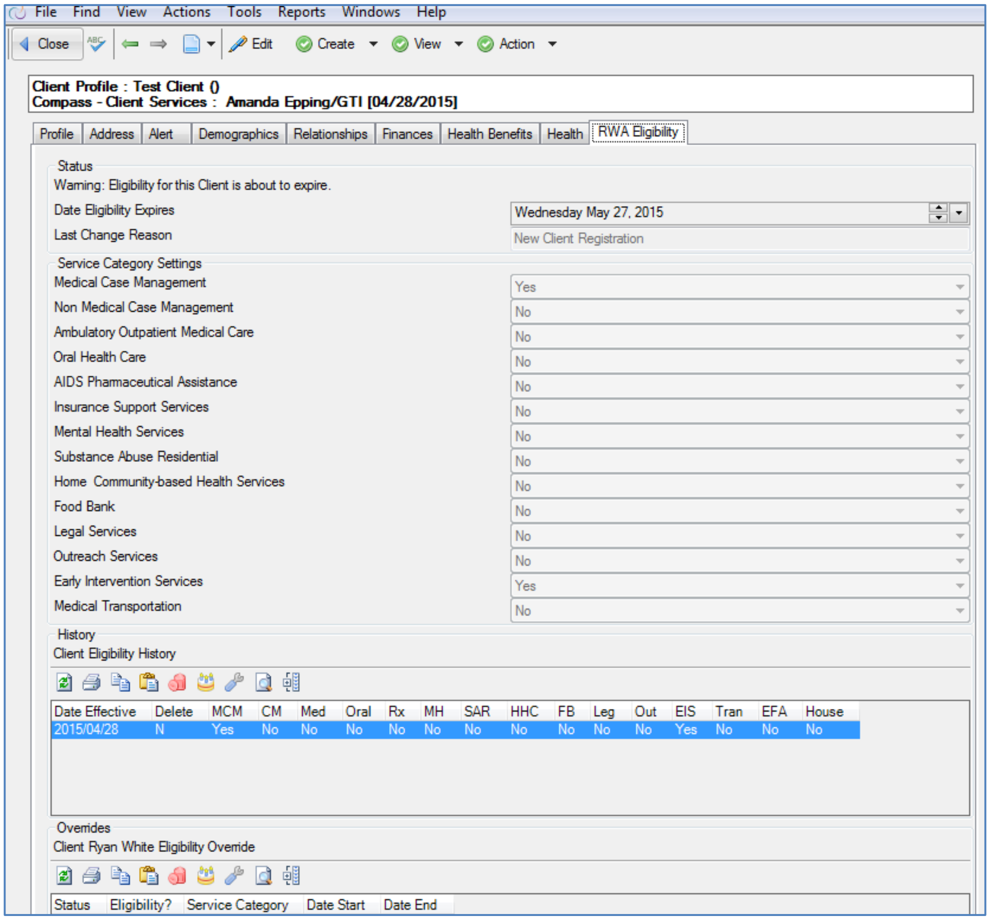
Health Tab:



Fill in the appropriate fields:

- **Current Disease Stage** – Click the  button to select the client's current stage of HIV. Note, once set to AIDS it cannot be set back to HIV+.
- **Date HIV Diagnosed** – The estimated date the client was diagnosed with HIV.
- **Date AIDS Diagnosed** – The estimated date the client was diagnosed with AIDS. This field only appears if the Current Disease Stage is set to "AIDS".
- **Identified Risk Factor(s)** – Select all possible sources of transmission of HIV to the client.
- **Antiretroviral Therapy** – Select the client's current antiretroviral therapy.
- **Date Antiretroviral Therapy Started** – If the client is taking at least one ARV medication this date field appears asking for the estimated date of when the client started ARV therapy.
- **Reason not on HAART** – If the client is not on HAART (three or more ARV's) this field appears asking why the client is not on the HAART regimen.
- **Comments** – Add any necessary comments.

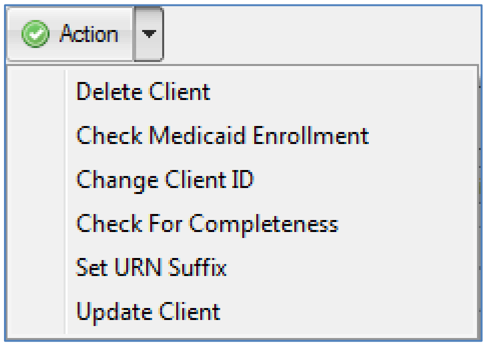
RWA Eligibility Tab:



The RWA Eligibility Tab will provide a summary the client's RW eligibility and the client's RW eligibility history. Any client Ryan White eligibility overrides will also be noted on this tab.

Update Client

When you create an update to your client, the client's information will be updated overnight in PE. However, if you need to update the information immediately for the client (For example, if you want to see the client in your client list or want to complete an address update, you will need to click on the arrow next to the action button and select Update Client.

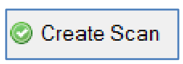


This will complete the update of your client immediately. Otherwise, the updates will process in the system overnight. The “Update Client” button does all of the following and does a nightly agent on all the client records.

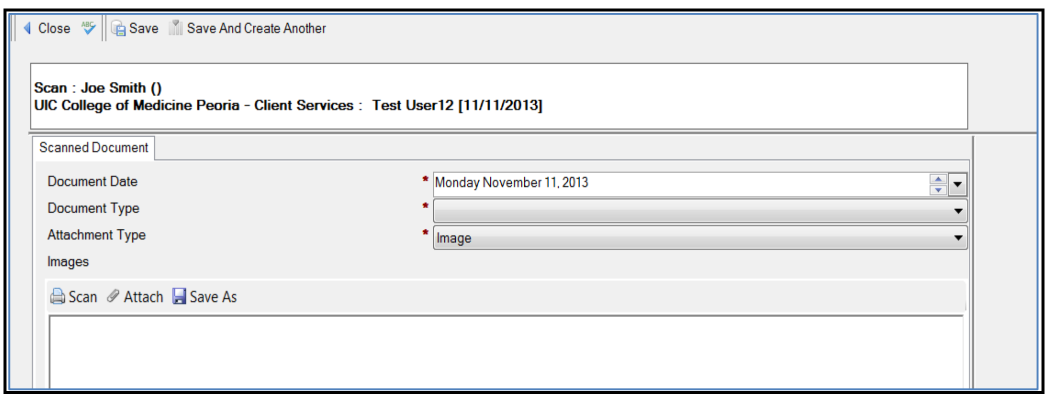
a. Pulls data from most recent Approved Address, Income History and Health Benefits records.
b. Pulls most recent Eligibility History record data.
c. Pulls Enrollment status data.
d. Pulls "misc" Client Profile fields from Client’s eligibility assessment.

Creating Scans

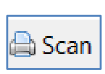
To Create Scans:

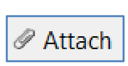
- Clink on the 

button on top of the screen.

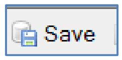


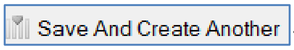
Fill in the appropriate fields:

- **Document Date -** this will automatically populate with the date you are creating the scan. However, you can change the date by clicking in the box.
- **Document Type -** Click on the  and select the document type from the drop-down list.
- **Scan -** Click on the 

to scan the document directly from your scanner.
- **Attach -** Click on the 

to attach the document that you saved on your computer.

- **Save -** Click on the 

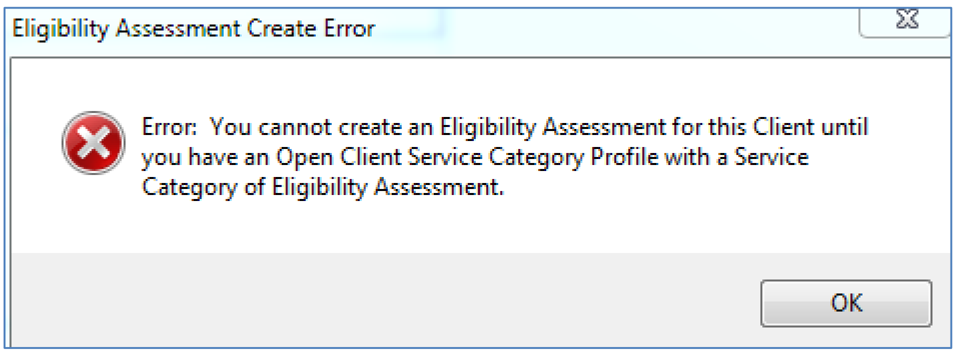
to save the attachment or click on the 

to save the scan and to create another.

Chapter 5

Eligibility Assessments

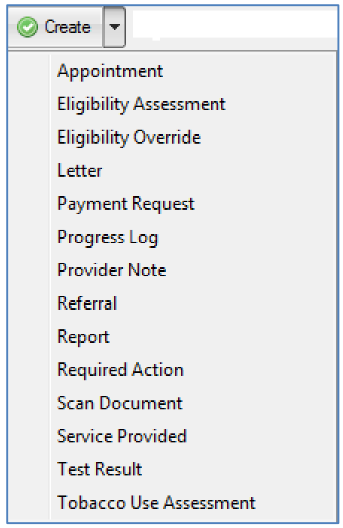
Eligibility Assessments are completed to determine program eligibility prior to any services being provided and funded. Only individuals who have an Open Client Service Category Profile with a Service Category of Eligibility Assessment will be able to create an Eligibility Assessment. If you do not have an open client service category for eligibility assessment and attempt to create and eligibility assessment, you will receive the following error message:



Please see instruction on opening the client service category under the "Common Data Entry" Chapter.

Creating an Eligibility Assessment

- To create an eligibility assessment, click on "Create" and select "Eligibility Assessment."

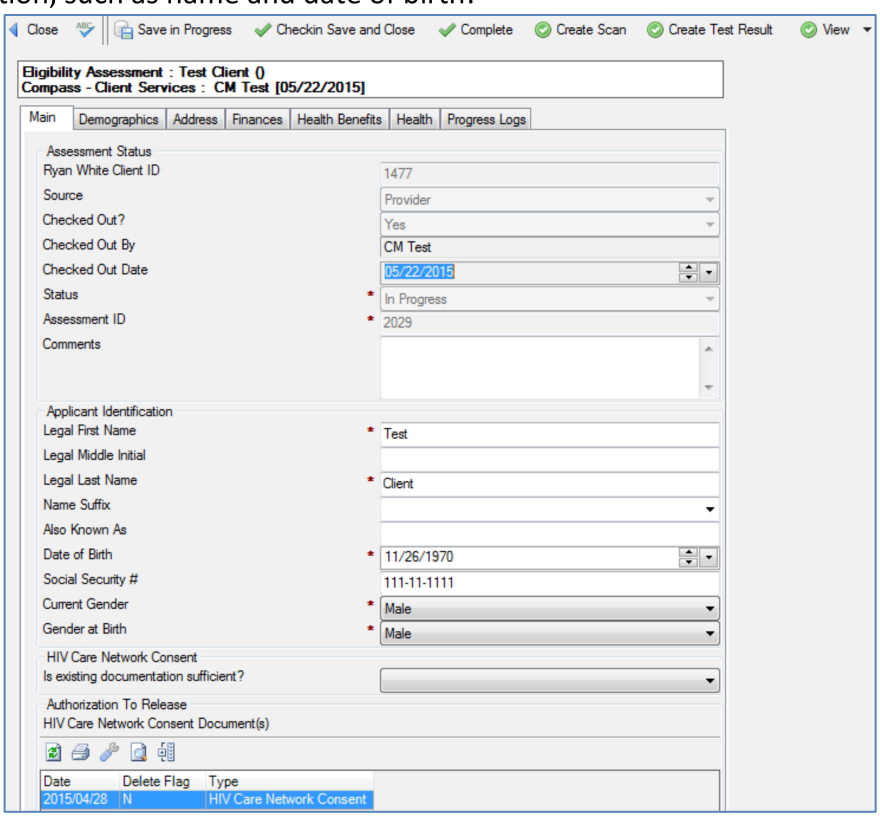


To create an Eligibility Assessment, click on "Create" and select "Eligibility Assessment."

The Eligibility Assessment will then display.

Main Tab

The main section of the eligibility assessment shown below is where you will find key client information, such as name and date of birth:

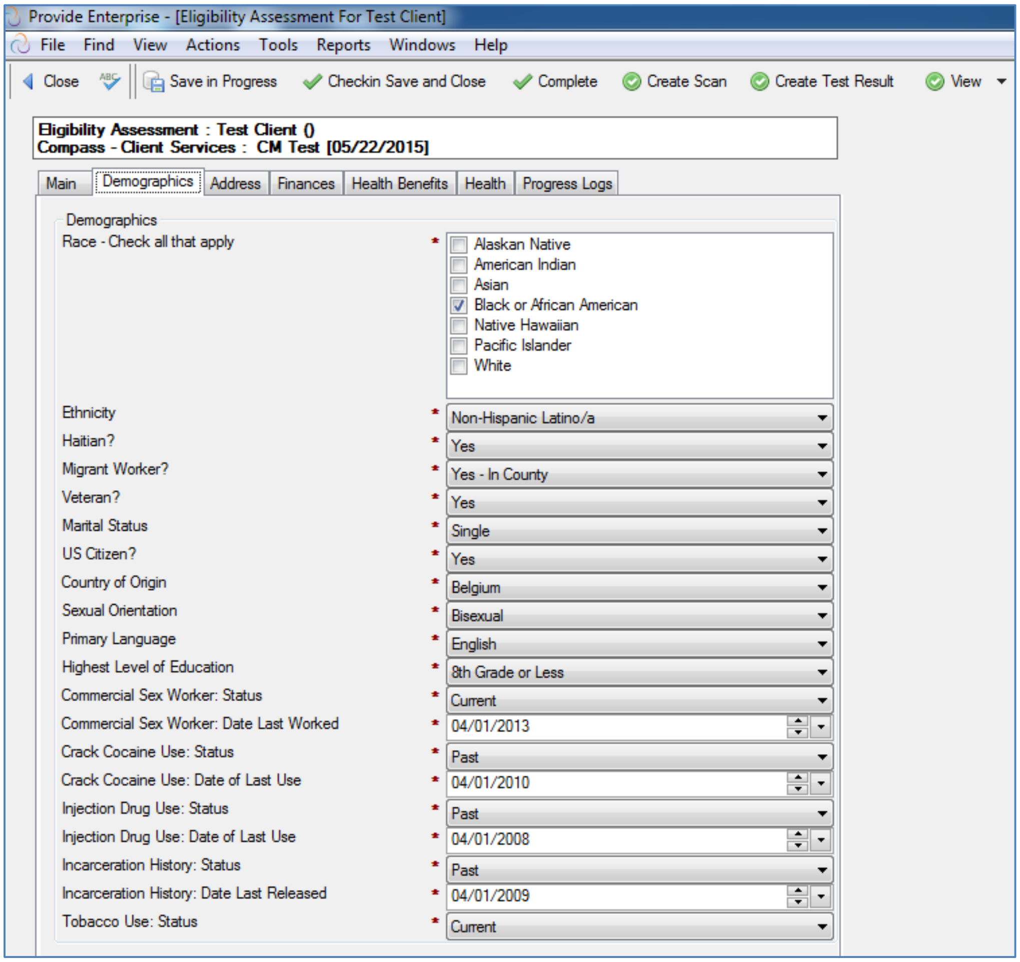


Fill in the appropriate fields:
If any information has been added to the client profile, these will be pulled into the Eligibility Assessment automatically.

- **Ryan White Client ID** – This will auto-populate with the Client's Ryan White ID.
- **Source** – This will auto-populate as "Provider."
- **Checked Out**? – This will default to "Yes" when you are working on the assessment.
- **Checked Out By** – This will default to your name.
- **Checked Out Date** – This will default to the date you started the assessment.
- **Status** – This will default to "In Progress" until it is "Completed."
- **Assessment ID** – This will default to the Assessment ID.
- **Comments** - Add any comments that is needed.
- **Legal Last Name** – Enter the client's legal last name.
- **Legal Middle Initial** – Enter the middle initial of the client
- **Legal First Name** – Enter the client's legal First name. I.E. if the client's legal name is William but goes by Bill, please enter William and not Bill.
- **Name Suffix** – Enter any suffix the client wants after their name (Jr., Sr., I, II, etc.).
- **Also Known As** – Enter any aliases the client has.
- **Date of Birth** – Enter the client's date of birth.
- **Social Security # –** Enter the client's social security number.
- **Current Gender** – Enter the current gender of the client.
- **Birth Gender** – Enter the gender of the client at birth.
- **HIV Care Network Consent** – If needed click on "Create Scan." Directions on how to "Create a Scan" can be found at the end of chapter 3 or at the end of chapter 5 in this manual.

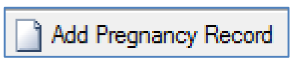
Demographics Tab

The Demographic section of the client file is where all vital demographic information on a client is located.



Fill in the appropriate fields:

- **Races – All Identified With –** Select all the races the client identifies with.
- **Ethnicity** – Select the appropriate ethnicity.
- **Haitian?** – Select “Yes” or “No.”
- **Migrant Worker -** Select the appropriate status
- **Veteran** – Select “Yes” or “No” if the client has been in the military.
- **Marital Status** – Select the current marital status of the client.
- **US Citizen?** – Select “Yes” or “No.”
- **Country of Origin** – Select the country in which the client was born.
- **Primary Language** – Select the client’s primary communication language.
- **Highest Level of Education** – Select the highest level of education obtained by the client.
- **Commercial Sex Worker Status** – Select the status of the client. If the client is currently or has a history of being a commercial sex worker, you will be prompted to enter the date the client last worked.

- **Crack Cocaine Status -** Select the status of the client. If the client is currently or has a history of using crack cocaine, you will be prompted to enter the date the client last used.
- **Injection Drug Use Status -** Select the status of the client. If the client is currently or has a history of injection drug use, you will be prompted to enter the date the client last used.
- **Incarceration History -** Select the status of the client. If the client is currently or has a history of incarceration, you will be prompted to enter the date the client was last released.
- **Tobacco Use** – Select the status of the client. If the client previously used tobacco, you will be prompted to enter the date the client last used.
- **Pregnancy Record** – If a pregnancy record needs to be added, click on 

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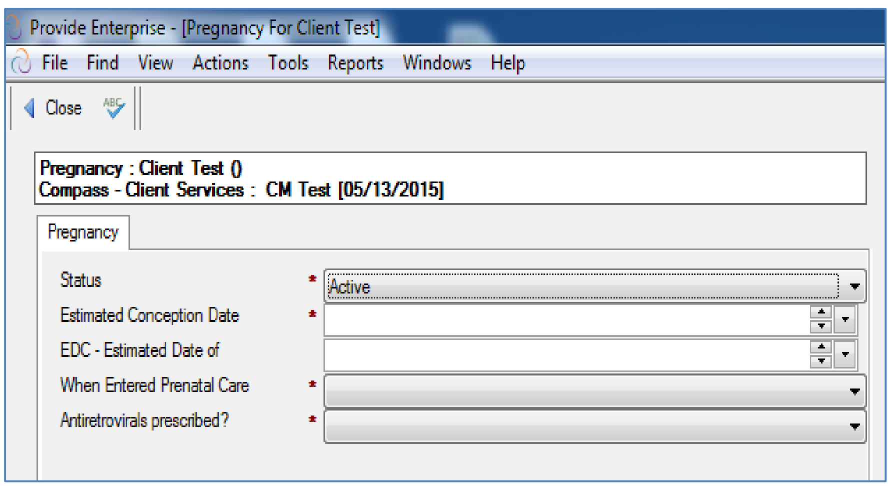
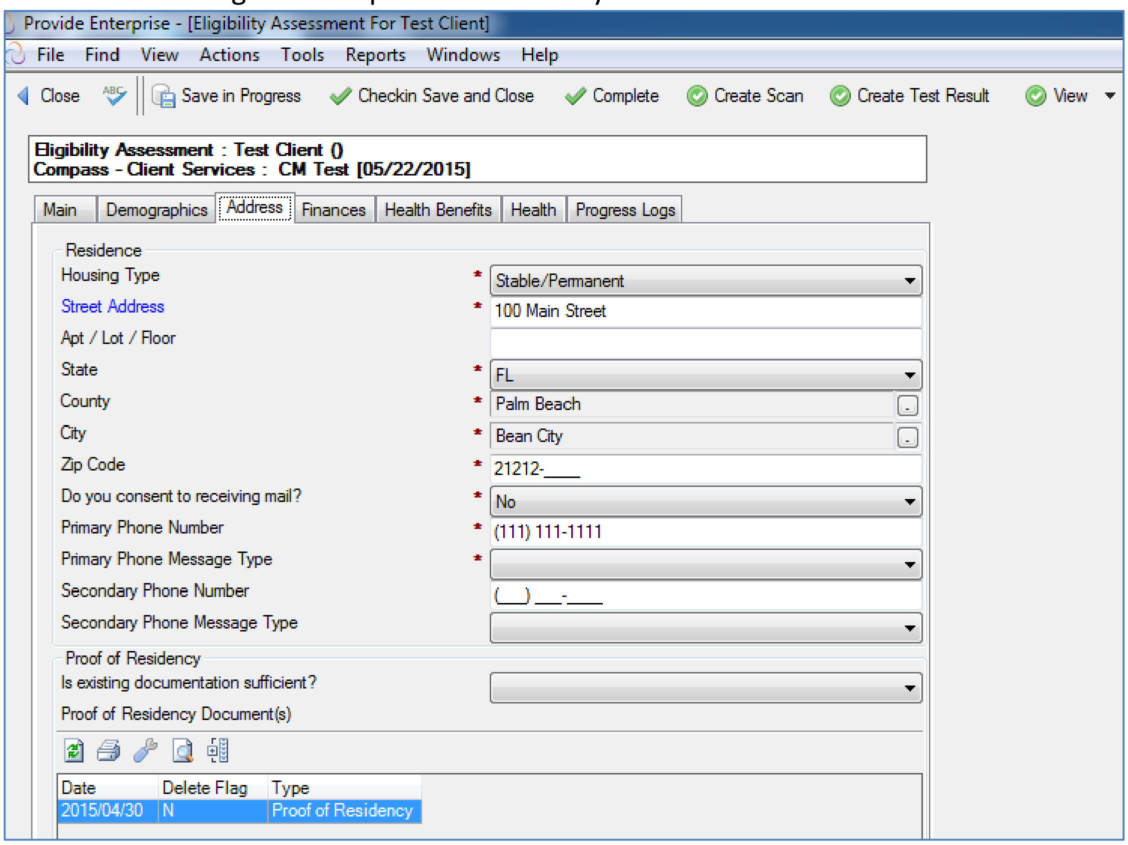


- **Status -** Select the status of the pregnancy.
- **Estimated Conception Date -** Enter the estimated date of conception.
- **EDC – Estimated date of Confinement (Due Date)** – Enter the estimated due date.
- **When Entered Prenatal Care** – Select the time when client entered prenatal care.
- **Antiretroviral prescribed?** – Select “Yes” or “No.”
    - **If “Yes,”**
        - **Week When Antiretroviral Started** – Enter the week the antiretroviral was started.
        - **Antiretroviral Names** - Select the Antiretroviral names.

- When completed, click on the Close button. You will be prompted to save your changes. Click on the Yes button to save your changes and return Eligibility assessment.

Address Tab

The Address section of the client file is where the address and phone numbers are documented along with the proof of residency.



Fill in the appropriate fields:

- **Housing Status** – Enter the current housing status of the client.
- **Street Address** – Enter the house number and street name for the client.
- **Apt/Lot/Floor –** Enter this field if appropriate.
- **State** – Select the state of residence for the client.
- **County** – Select the county of residence for the client.
- **Zip** – Enter the zip code of residence for the client.
- **Does the client consent to receiving mail?** - Select "Yes" or "No."
  - **If "Yes,"**

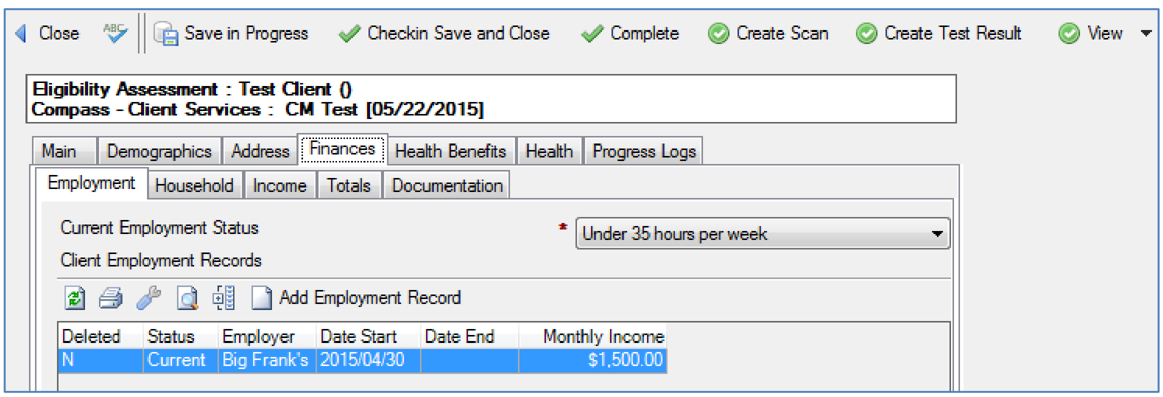
- Enter the mailing address of the client.

- **Primary Phone Number –** Enter the client's primary phone number.
- **Primary Phone Message Type –** Select the type of message that may be left for the client.
- **Secondary Phone Number –** Enter the client's secondary phone number.
- **Secondary Phone Message Type –** Select the type of message that may be left for the client.
- **Proof of Residency** – If needed click on "Create Scan." Directions on how to "Create a Scan" can be found at the end of chapter 3 or at the end of chapter 5 in this manual.

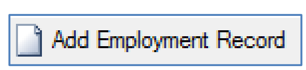
Finances Tab

The Finances section of the client file is where the client' financial information is located.

Employment Tab: On the employment Tab, you may update the financial data and/or add employment records.



Fill in the appropriate fields:

- **Current Employment Status** – Select the employment status.
- **Client Employment Records** – The client's employment records can be viewed or created here.
- **To Create an Employment Record click on** 

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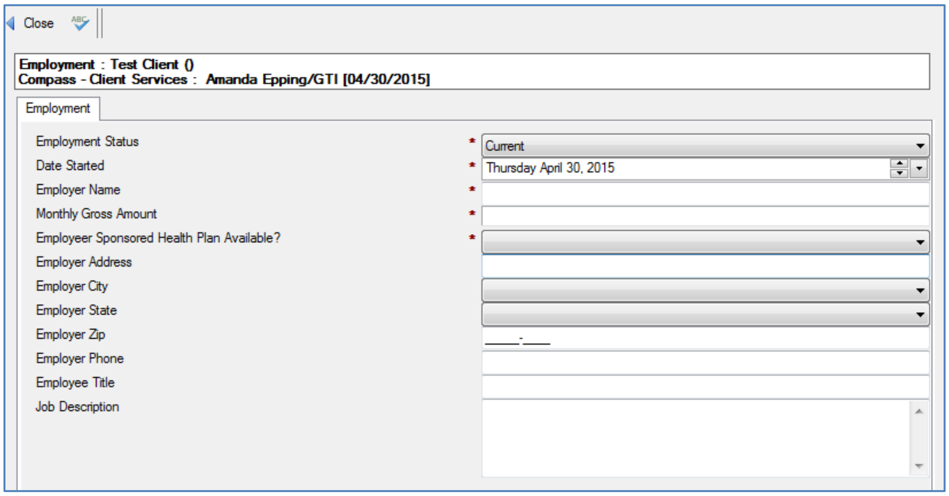
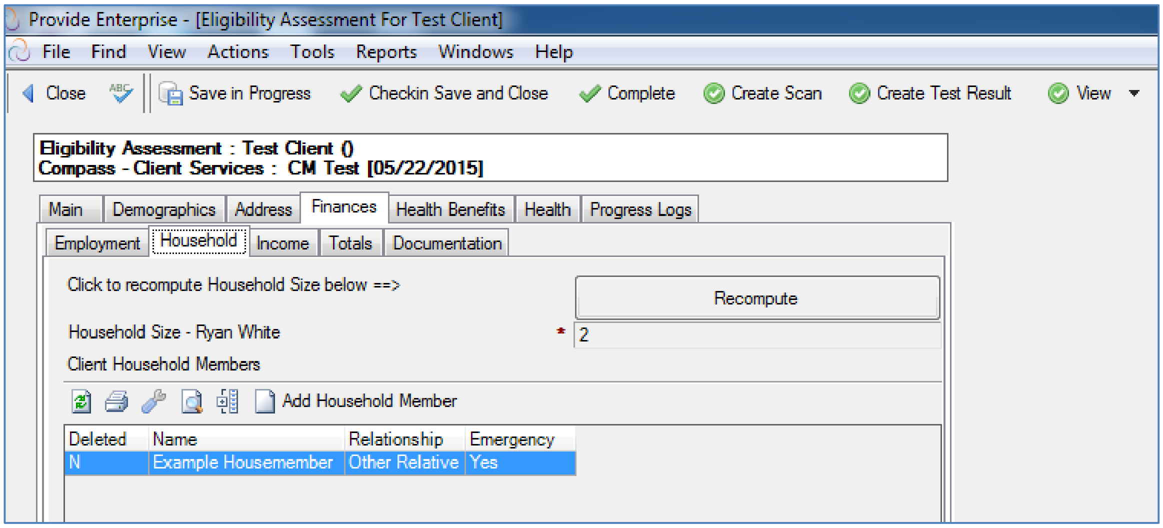


Fill in the appropriate fields:

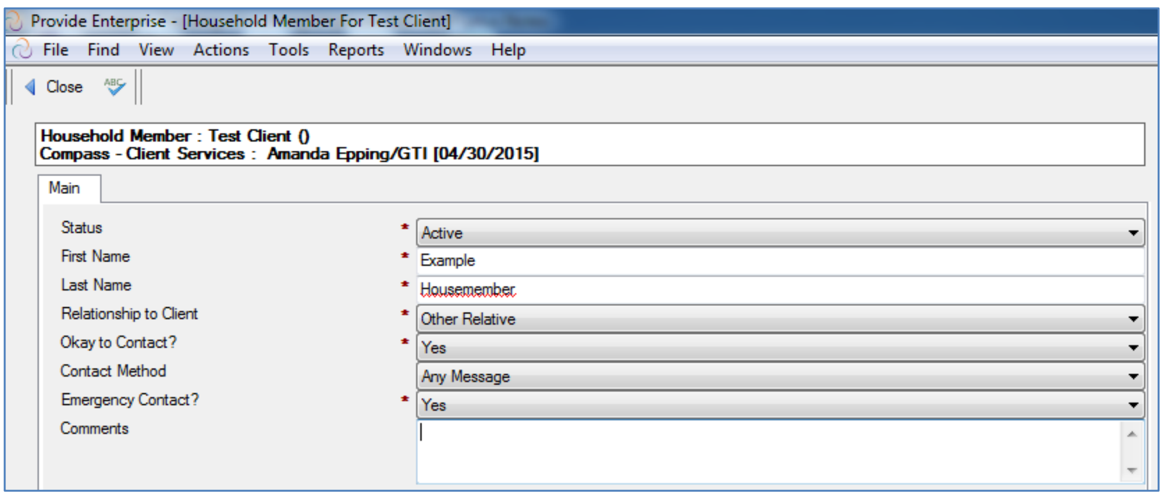
- **Employment Status –** Select “Current” or “Past.”
- **Date Started –** Enter the date the client started the employment.
- **Month Gross Amount –** Enter the month gross income of the employment.
- **Employee Sponsored Health Plan Available?** - Select “Yes” or “No.”
  - **If “Yes”**
    - **Enrolled in Health Plan** - Select “Yes” or “No.”
      - **If “No” –**
        - **Why not enrolled –** Enter the reason they client is not enrolled.
- **Employer Address –** Enter the Employer’s Address.
- **Employer City –** Enter the Employer’s *City*.
- **Employer State–** Enter the Employer’s state.
- **Employer Zip–** Enter the Employer’s zip code.
- **Employer Phone –** Enter the Employer’s phone number.
- **Employee Title -** Enter the client’s job title.
- **Job Description –** Enter the client’s job description.

Household Tab:



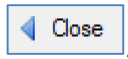
This tab will show you the house hold members and the Ryan White Household size.

To add a Household member, click on Add Household Member.

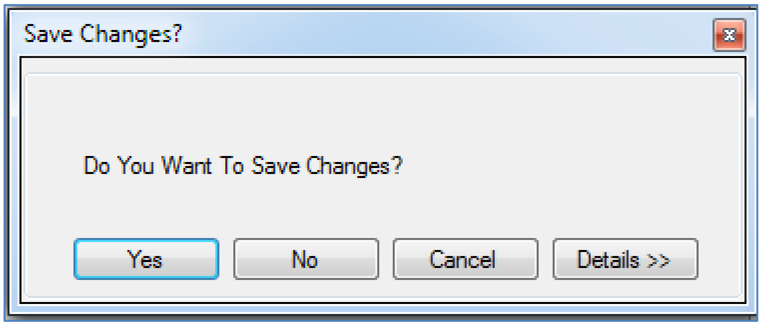


Fill in the appropriate fields:

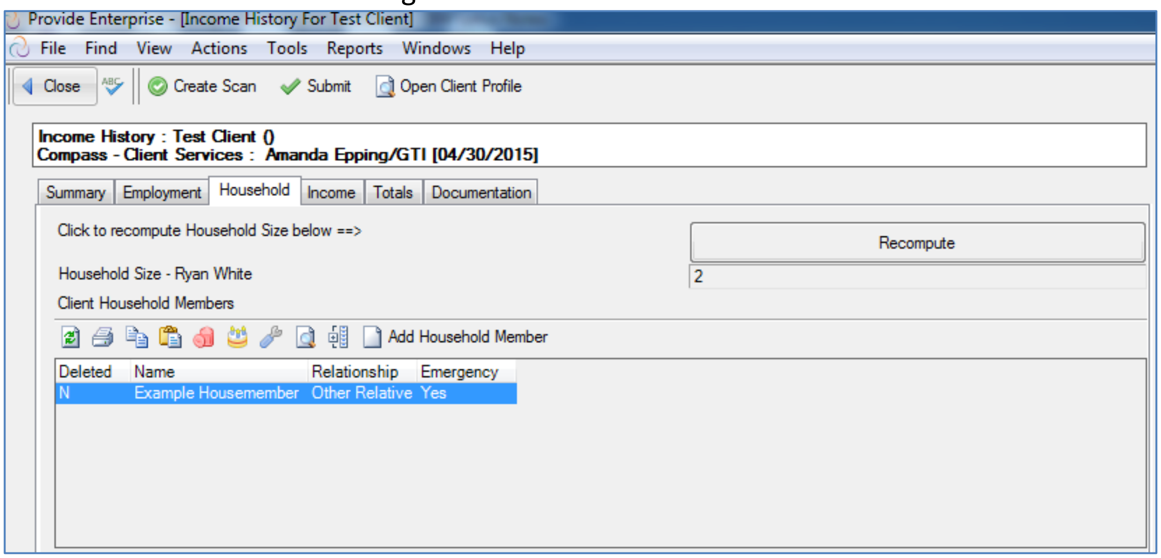
- **Status –** Select "Active" or "Inactive."
- **First Name –** Enter the family member's first name.
- **Last Name –** Enter the family member's last name.
- **Relationship to Client** – Select the relationship.
- **Okay o Contact?** - Select "Yes" or "No."
    - **If "Yes"**
        - **Contact Method** - Select the contact method.
- **Emergency Contact? –** Select "Yes" or "No."
- **Comments –** Enter any comments.

When the record is completed, click on 

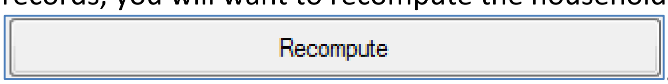
. Then you will receive the prompt below:



Click on “Yes” to save the changes.



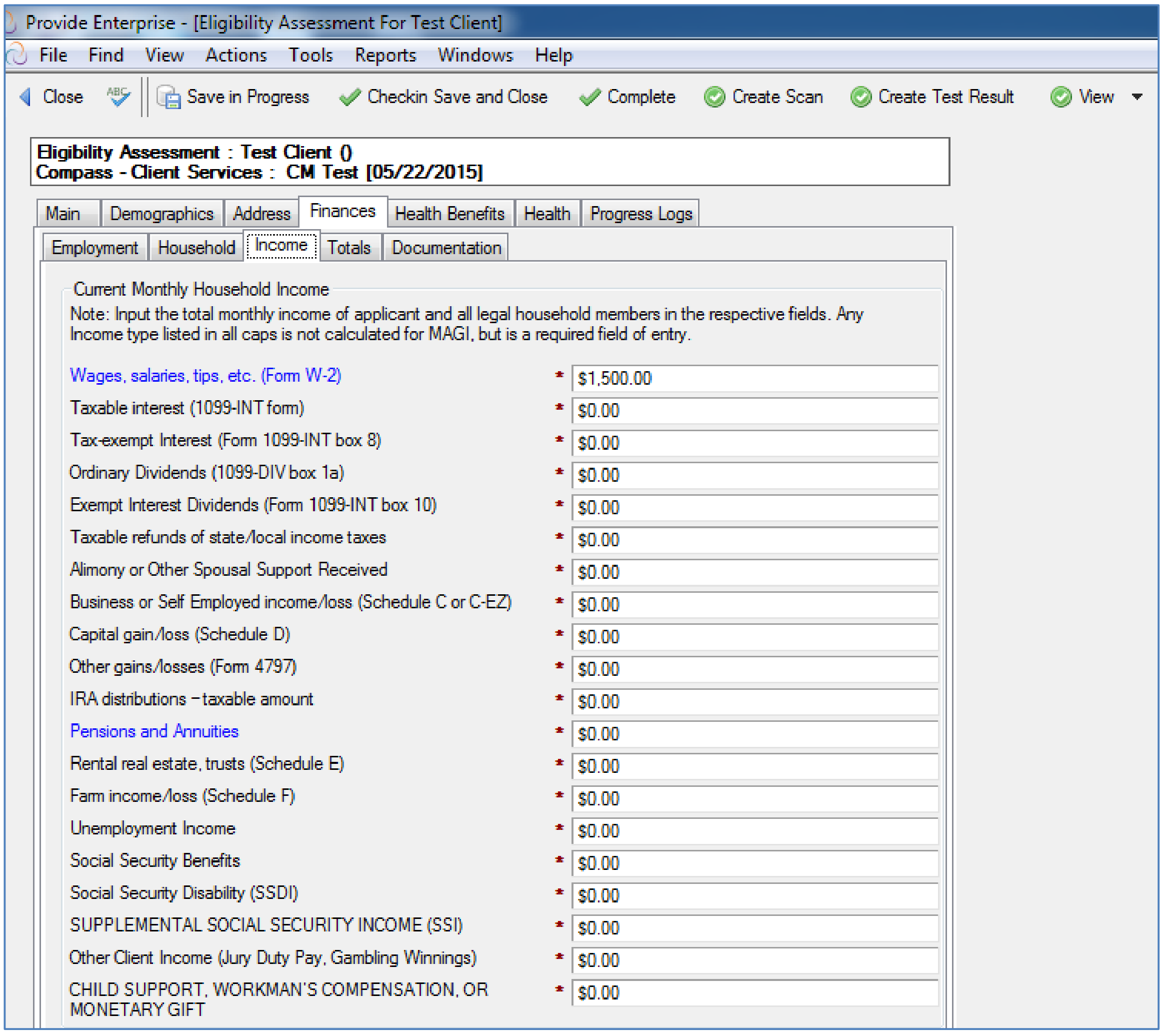
After you add household members or complete any updates to the household member records, you will want to recompute the household size. Click on



. The Household Size – Ryan White will then be recomputed.

Income Tab:

The Income Tab will be where you document the client’s incomes. Input the total monthly income of the applicant and all legal household members in the respective fields. Any income type listed in all caps is not calculated for MAGI, but is a required field.

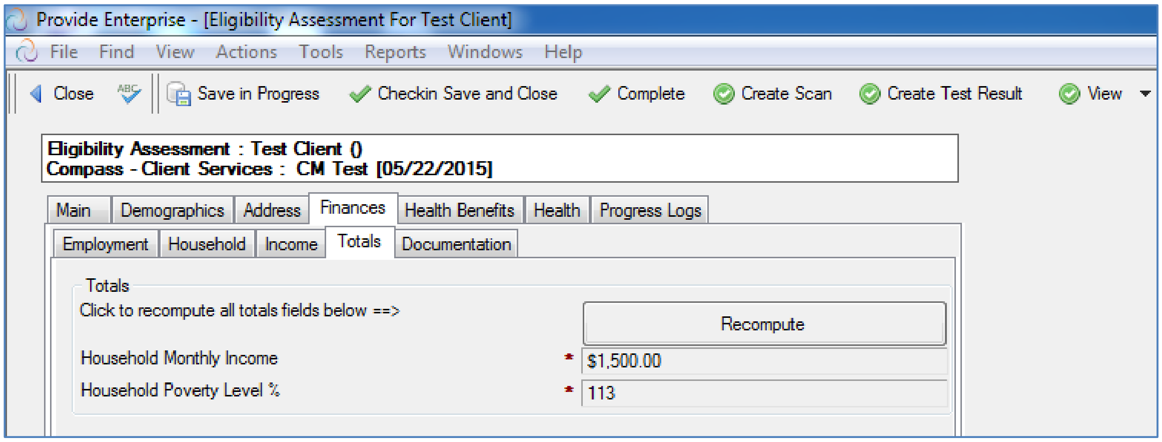


Fill in the appropriate fields with each amount.

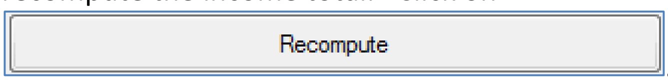
*For the fields in blue font:
Wages, salaries, tips, etc: Include the total monthly income that the applicant and any legal household members receive from Wages or Salary's (W-2), tip income, and any disability pension benefits received prior to meeting minimum age requirement.

Pensions and Annuities Definition: Include all income both employer based and Veterans Administration based on pension. Note, do not include disability pension income here when disability pay is received prior to normal pension retirement age.

Totals Tab:
The totals tab will calculate the monthly gross income and the household poverty level percentage.



After you updated the employment, household, and/or income, you will want to recompute the income total. Click on



. The income totals will be recomputed.

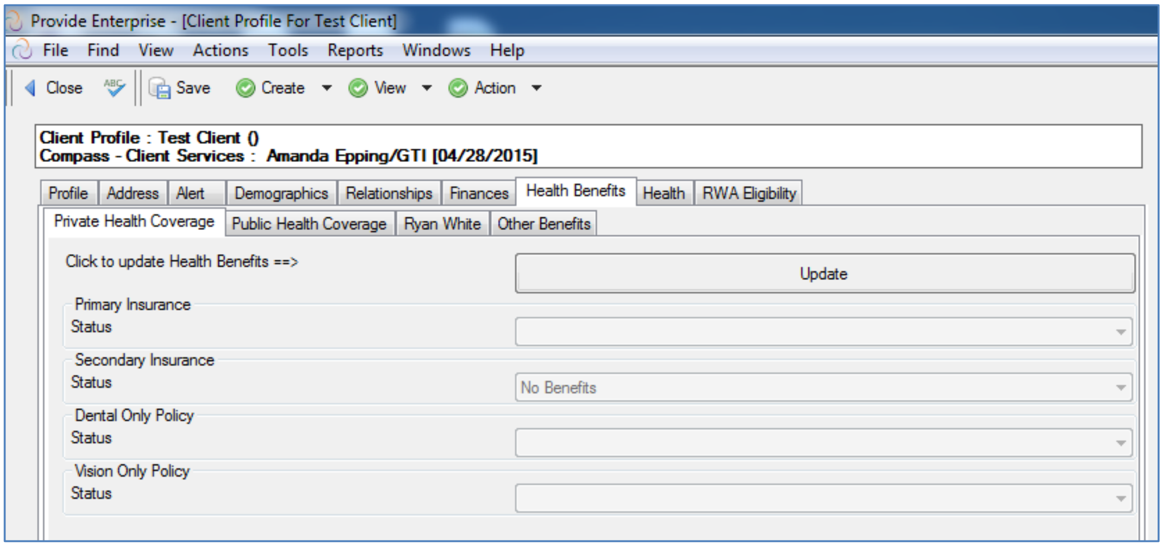
Documentation Tab:

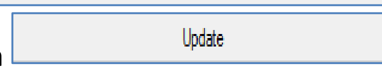
On the documentation tab, you will document the proof of income.

- If you need to create a proof of income document, click on “Create Scan.” Directions on how to “Create a Scan” can be found at the end of chapter 3 or at the end of chapter 5 in this manual.

Health Benefits Tab

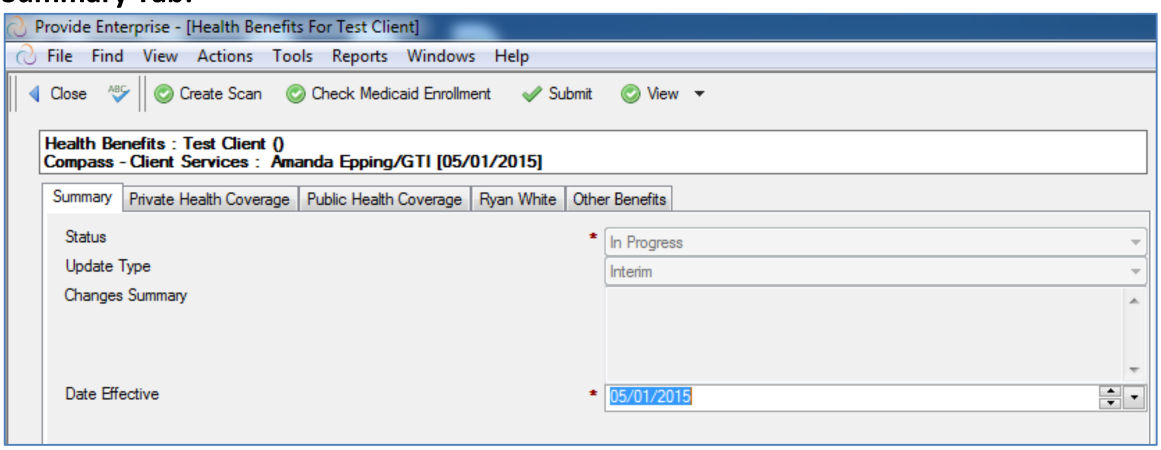
The health benefits section is where you can document the client’s Private and Public Medical Insurance as well as Ryan White, ADAP, and other benefits. By default, each program Status is set to “No Benefits”.



To update any of the health benefits, you must click on 

. You can click on "Update" on any of the benefit tabs to update the health benefits.

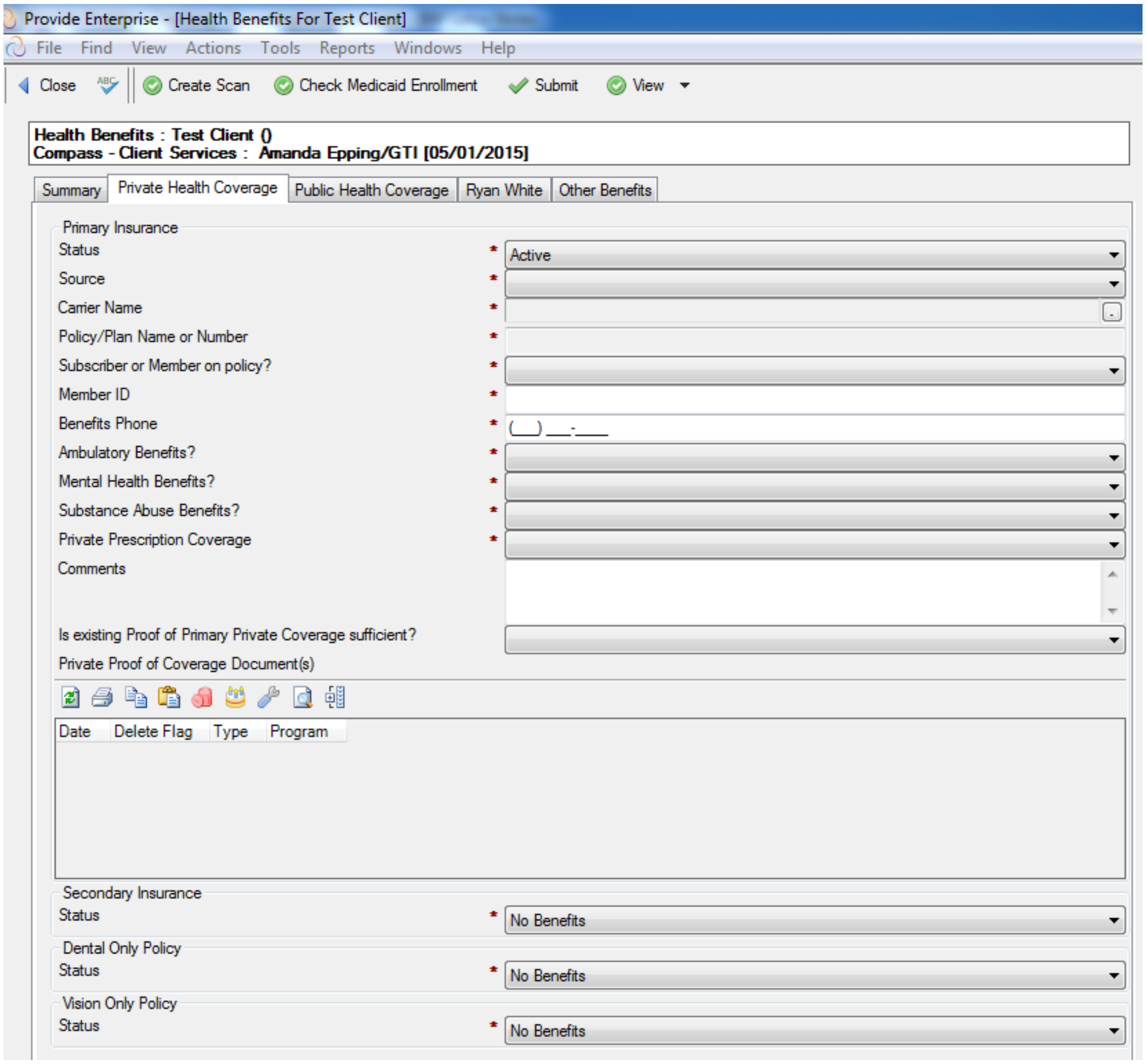
Summary Tab:



Fill in the appropriate fields:

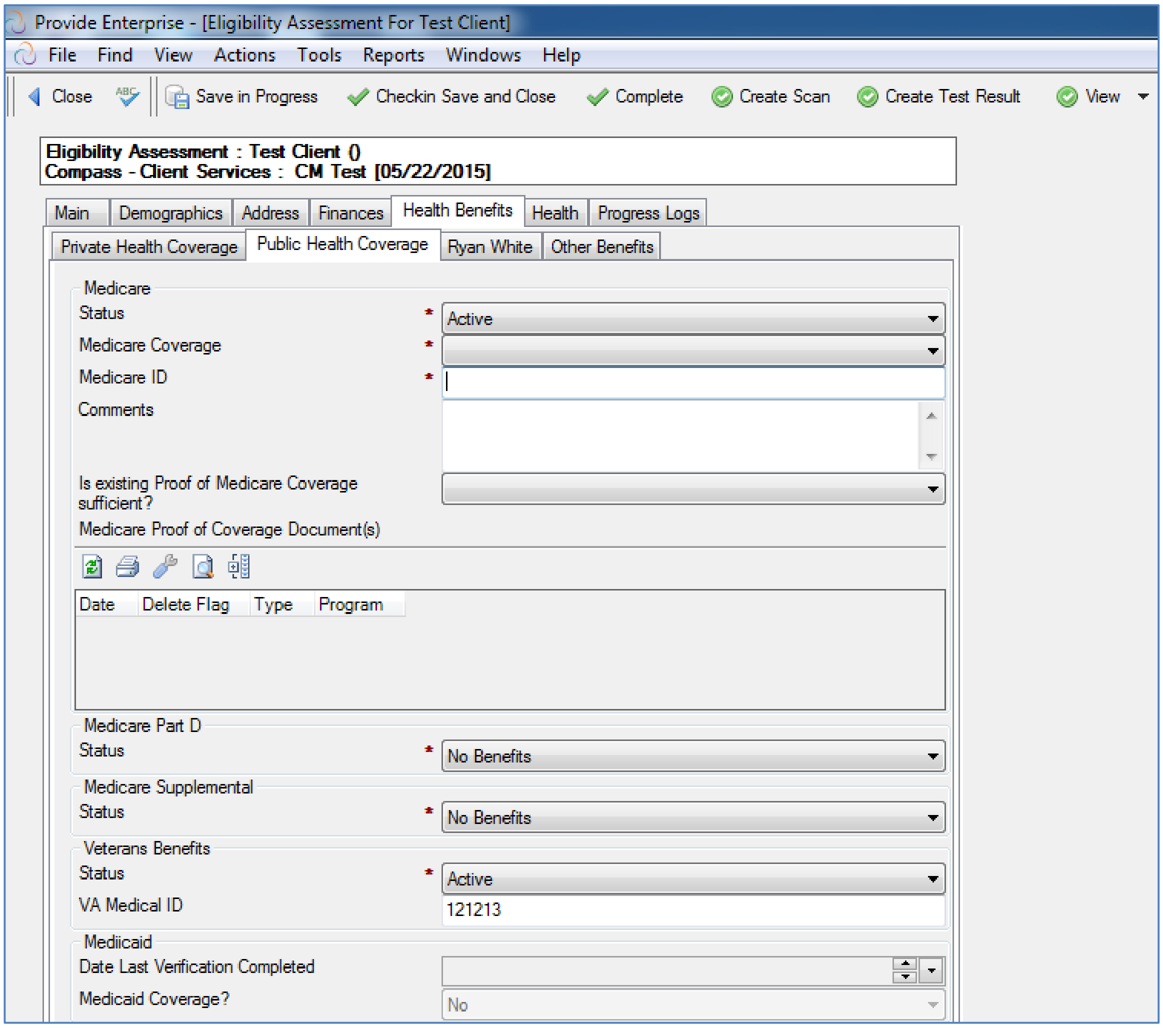
- **Status –** This will be default to "In Progress" until the record is submitted.
- **Changes Summary –** This will populate when changes are submitted.
- **Date Effective –** Select the date the health benefits are effective.

Private Health Coverage Tab:



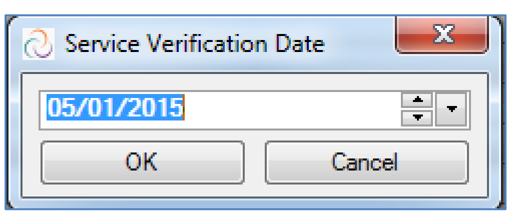
For each insurance (Primary, secondary, dental, vision), fill out the appropriate fields and scan the proofs of coverage for each.

Public Health Coverage Tab:

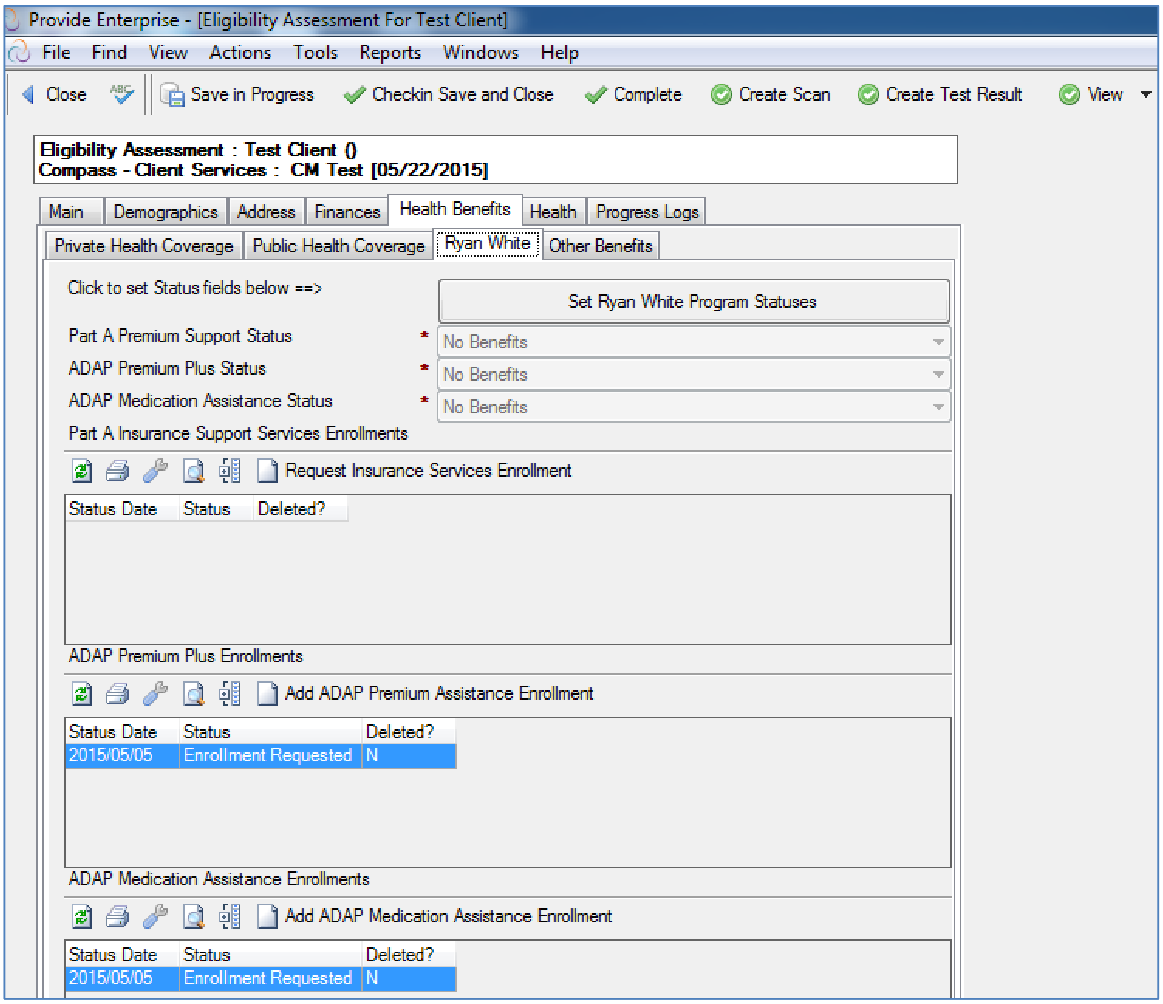


For each public health insurance (Medicare, Medicare Part D, Medicare Supplemental, Veterans Benefits, and Medicaid fill out the appropriate fields and scan the proofs of coverage for each.

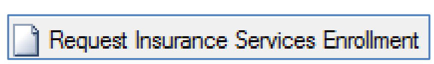
You will also need to complete a Medicaid Enrollment check. To complete a Medicaid enrollment check, click on Check Medicaid Enrollment. Enter the date of the verification and click "OK":



Ryan White Tab:



The client must be actively enrolled in an ACA Exchange primary or Secondary Private Health Insurance Policy to request Insurance Services Enrollment or Enrollment in the ADAP Premium Assistance.

To request an Insurance Services Enrollment, click on 

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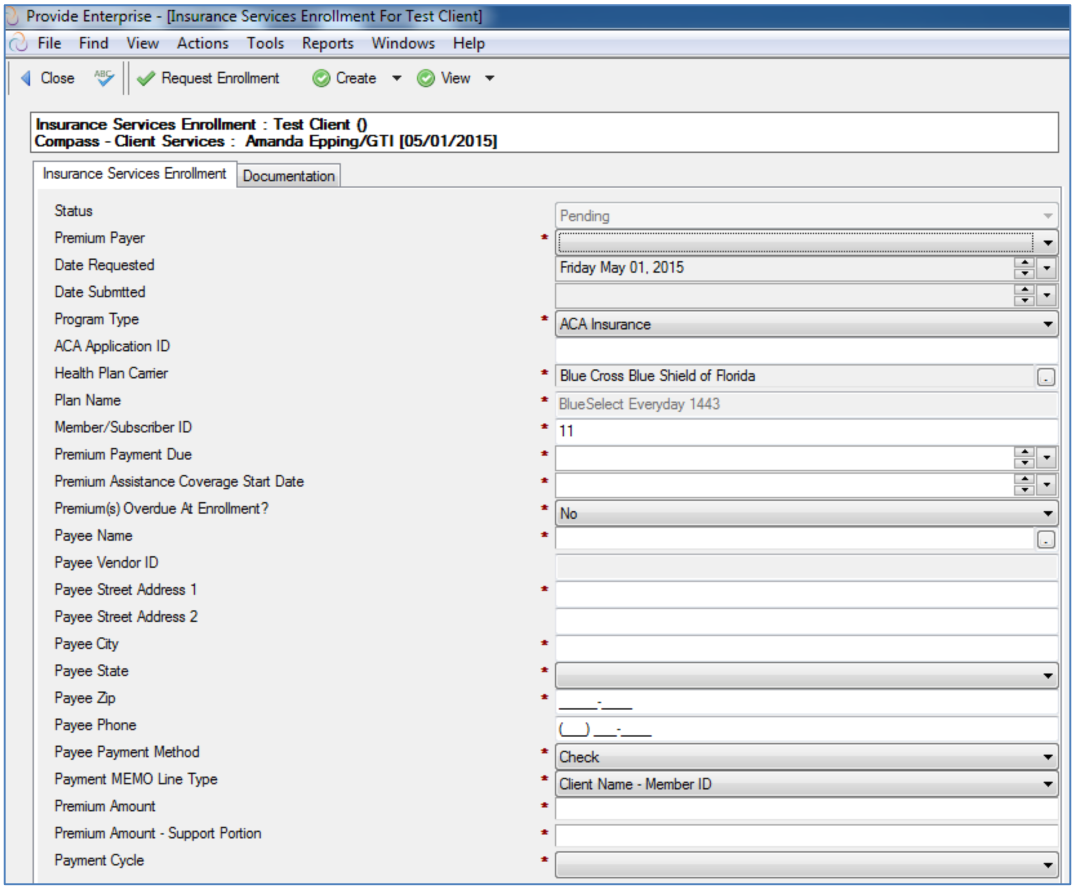
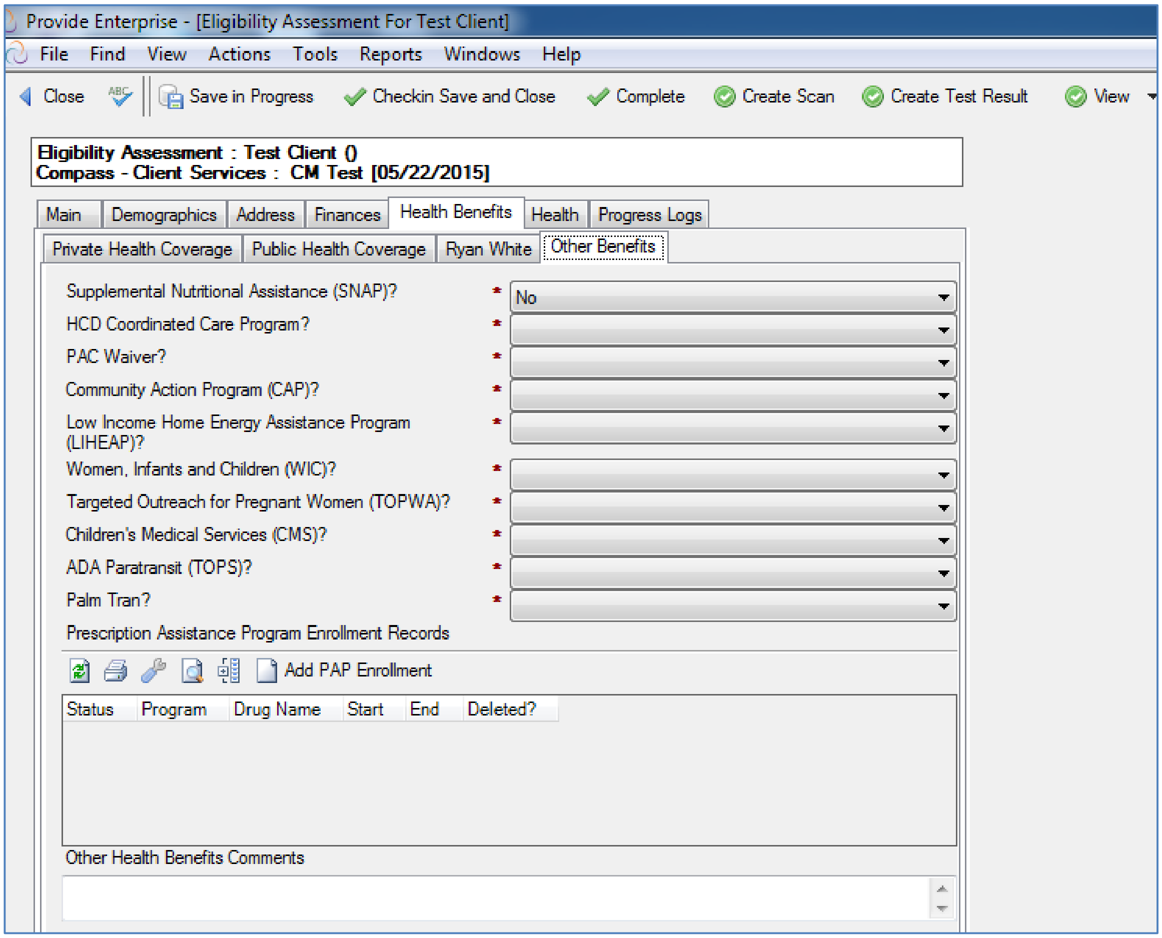


Fill in the appropriate fields.

- **Status –** This will be default to "Pending" until you click on "Request Enrollment".
- Fill out each field and review the documentation on the "Documentation tab."
- When the form is complete, click on 

.

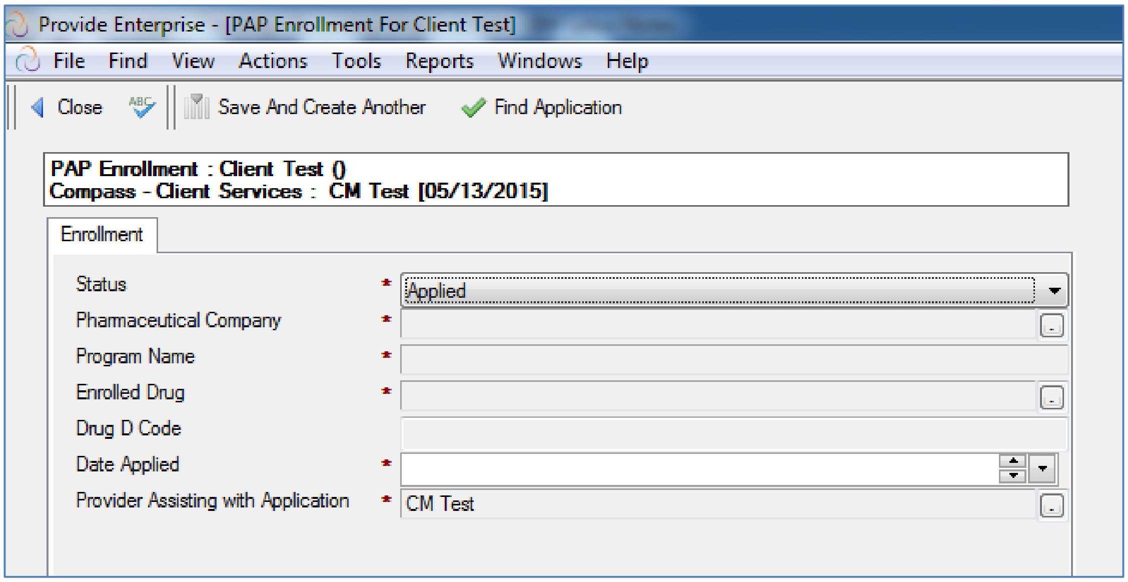
Other Benefits Tab:



Fill in the appropriate fields:

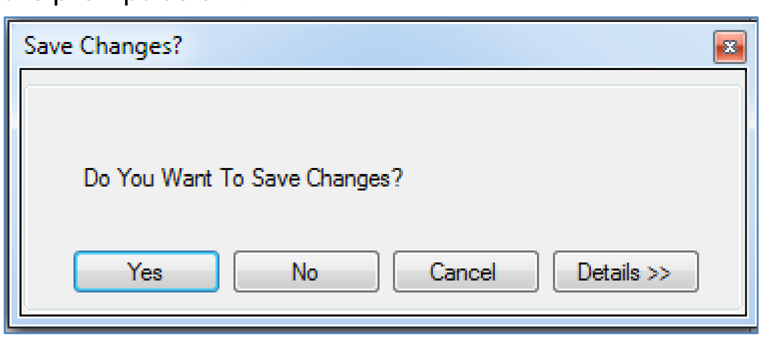
- **Supplemental Nutritional Assistance (SNAP)? –** Select "Yes" or "No."
    - **If "Yes"**
        - **SNAP Recertification Date** – Enter the date.
        - **SNAP Monthly Benefit Amount** - Enter the SNAP Monthly Benefit Amount.
- **HCD Coordination Care Program –** Select "Yes" or "No."
- **PAC Waiver -** Select "Yes" or "No."
- **Community Action Program (CAP) –** Select "Yes" or "No."
- **Low Income Home Energy Assistance Program (LIHEAP) –** Select "Yes" or "No."
- **Women, Infants, and Children (WIC)** – Select "Yes" or "No."
- **Targeted Outreach for Pregnant Women (TOPWA)** – Select "Yes" or "No."
- **Children's Medical Services (CMS)** – Select "Yes" or "No."
- **ADA Paratransit (TOPS)** – Select "Yes" or "No."

- **Palm Tran** – Select “Yes” or “No.”
- **Other Health Benefits Comments** - Enter any comments.
- **Prescription Assistance Program Enrollment Records** - To Add a PAP Enrollment click on Add PAP Enrollment.



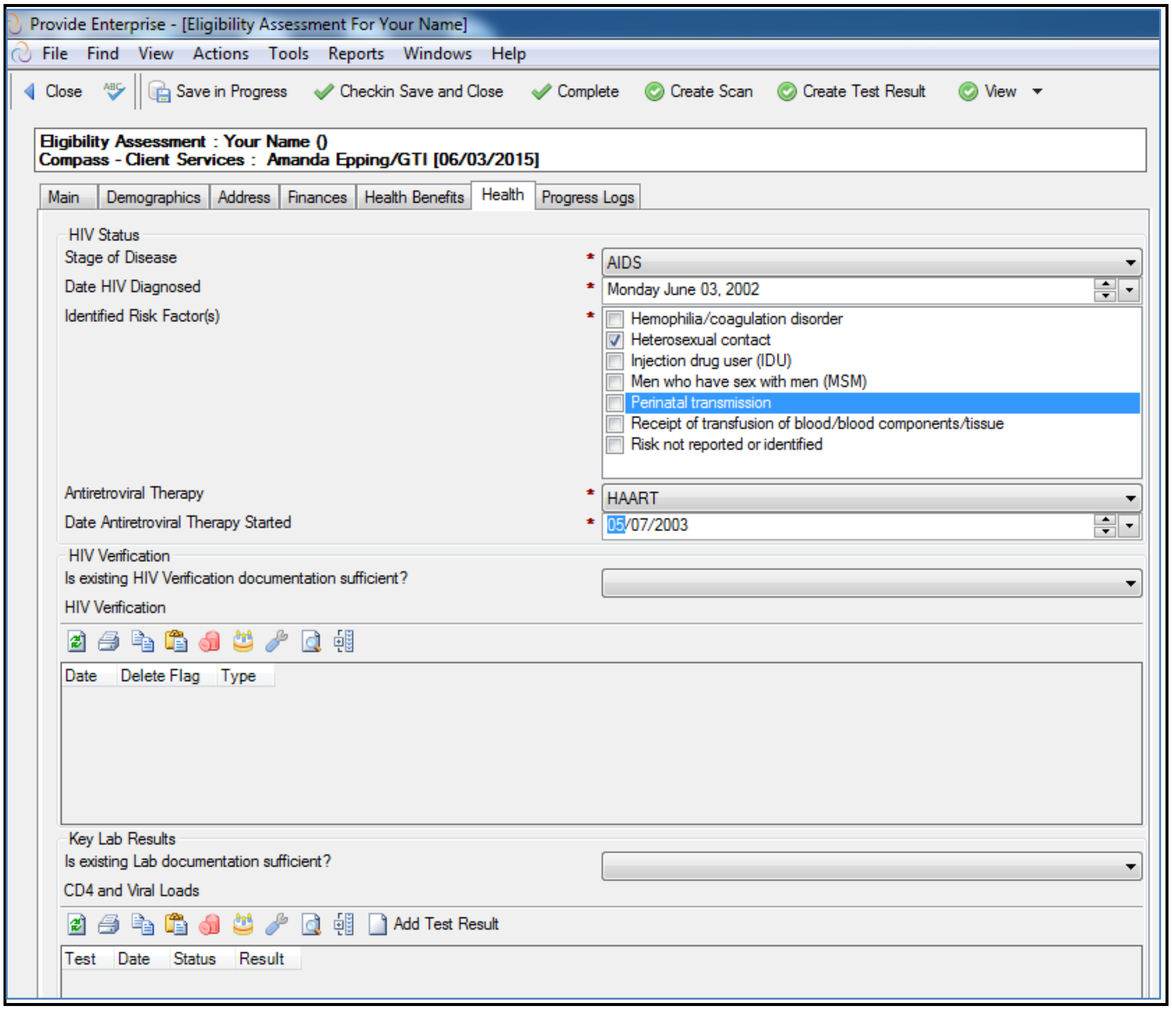
Fill in the appropriate fields.

- **Status –** Select the status.
- **Pharmaceutical Company –** Select the company
- **Program Name, Enrolled Drug, and Drug D Code –** These will automatically populate when selecting the pharmaceutical company.
- **Date Applied –** Enter the date applied/denied/enrolled/terminated.
- When the record is completed, click on Close. Then you will receive the prompt below:



- Click on “Yes” to save the changes.

Health Tab:

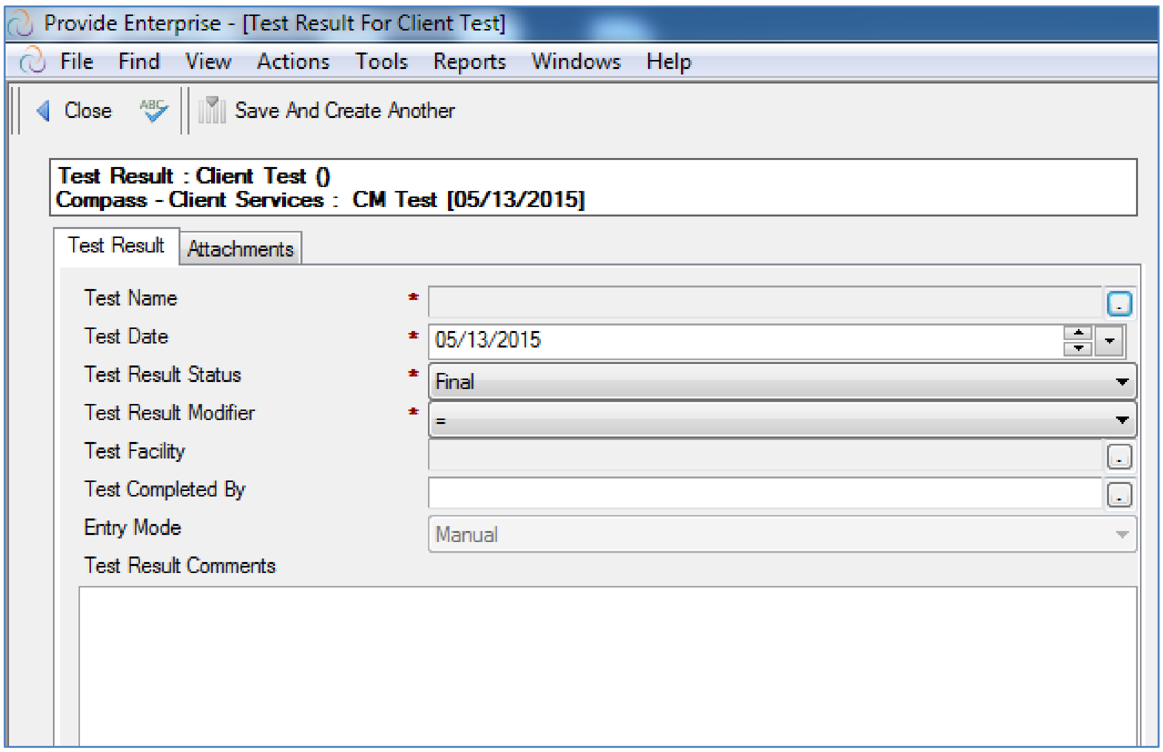


Fill in the appropriate fields:

- **Current Disease Stage** – Click the  button to select the client's current stage of HIV. Note, once set to AIDS it cannot be set back to HIV+.
- **Date HIV Diagnosed** – The estimated date the client was diagnosed with HIV.
- **Date AIDS Diagnosed** – The estimated date the client was diagnosed with AIDS. This field only appears if the Current Disease Stage is set to "AIDS".
- **Identified Risk Factor(s)** – Select all possible sources of transmission of HIV to the client.
- **Antiretroviral Therapy** – Select the client's current antiretroviral therapy.
- **Date Antiretroviral Therapy Started** – If the client is taking at least one ARV medication this date field appears asking for the estimated date of when the client started ARV therapy.

- **Reason not on HAART** – If the client is not on HAART (three or more ARV's) this field appears asking why the client is not on the HAART regimen.
- **Is Existing HIV Verification Documentation Sufficient**? Select "Yes" or "No." If you need to create a verification, click on "Create Scan." Directions on how to "Create a Scan" can be found at the end of chapter 3 or at the end of chapter 5 in this manual.
- **Is Existing Lab Documentation Sufficient**? Select "Yes" or "No."

- If needed, click on Add Test Result to add rest results.



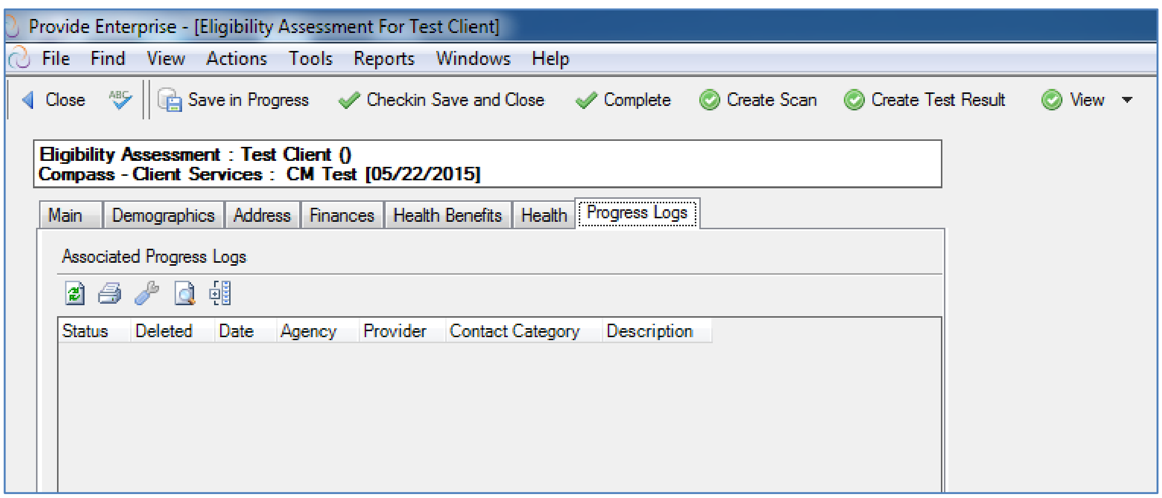
Fill in the appropriate fields: (depending on the test, different fields will appear).

- **Test Name** – Click the button to select the test name.
- **Test Date:** The date will default to the date you are entering the result, but you can change the date as needed.
- **Test Result Status:** Select correction, final, preliminary, not available, not required, pending, or clinically indicated.
- **Test Result Numeric Value:** Enter the numeric value.
- **Test Result Modifier:** Equal (=), greater than (>), less than (<), less than or equal to(<=) or greater than or equal to (>=).
- **Test Result Unit of Measure:** Unit of measure will automatically populate.
- **Reference Range:** Enter the reference range.

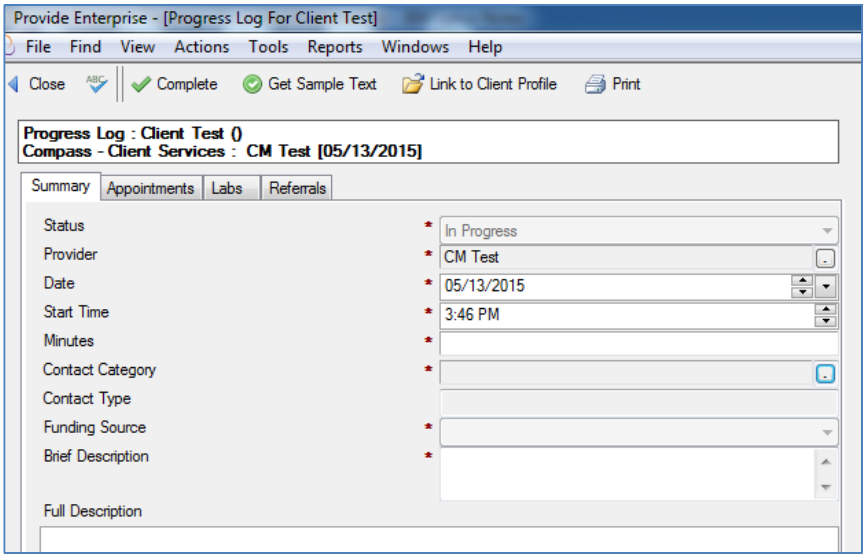
- **Test Result Source:** Select the source of the test result by click on the .
- **Test Facility:** Select the testing facility (in the same manner you selected the test name).
- **Test Completed By:** Select who the testing was completed by facility (in the same manner you selected the test name).
- **Normalcy Status:** Select the normalcy status by click on the .
- **Entry Mode:** If you are entering the results, this will default to manual.
- **Test Result Comments:** Add any comments to test results as need.
- **Attachments:** Create the attachment/scan. Directions on how to “Create a Scan” can be found at the end of chapter 3 or at the end of chapter 5 in this manual.
- If you click on Close, it will then prompt you to save or not to save the test record. If you want to add another test record, click on Save And Create Another.

Progress Log Tab:

The Progress log tab will be where you can enter your eligibility assessment progress logs.

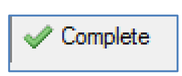


To add an eligibility assessment Progress log, click on Add Progress Log .

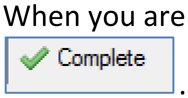


Fill in the appropriate fields:

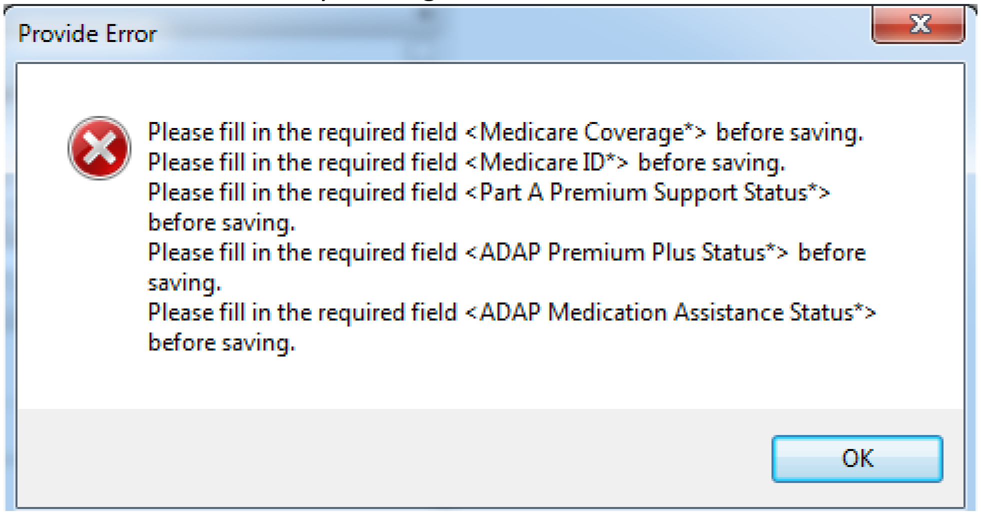
- **Status -** It will default to "In-Progress" until the progress log is completed.
- **Provider -** Select the provider name from the list by clicking on the . Double click on the provider name. The funding source will automatically populate.
- **Date -** Enter the date.
- **Start Time -** Enter the start time.
- **Minutes -** Record the minutes.
- **Contact Category –** Select the contact category.
- **Contact Type and Funding Source –** These will auto populate based on the contact category selected.
- **Brief Description -** Enter a brief description.
- **Full Description -** Write your full note.
- **Appointments, labs, and referrals –** These can be created on each of the corresponding tabs of the progress logs. Please see the "Common Data Entry" Section of this manual for instructions.

When the progress log is complete, click on 

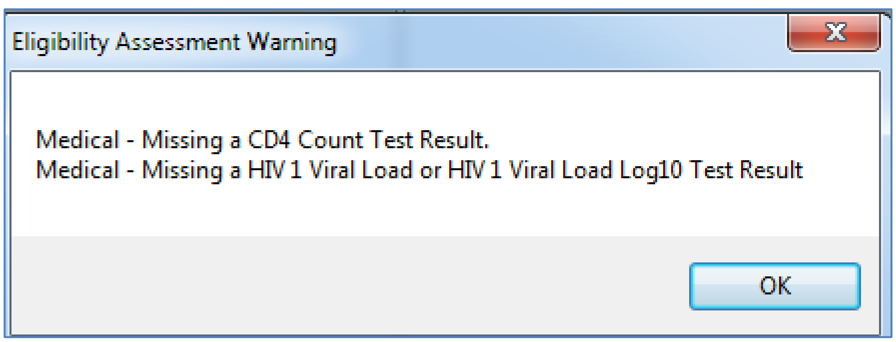
. You will be prompted if you want to save your changes, click on "Yes."

When you are done with your eligibility assessment, you will want to click on 

. If you are missing anything in your assessment, Provide will notify you which fields are currently missing.

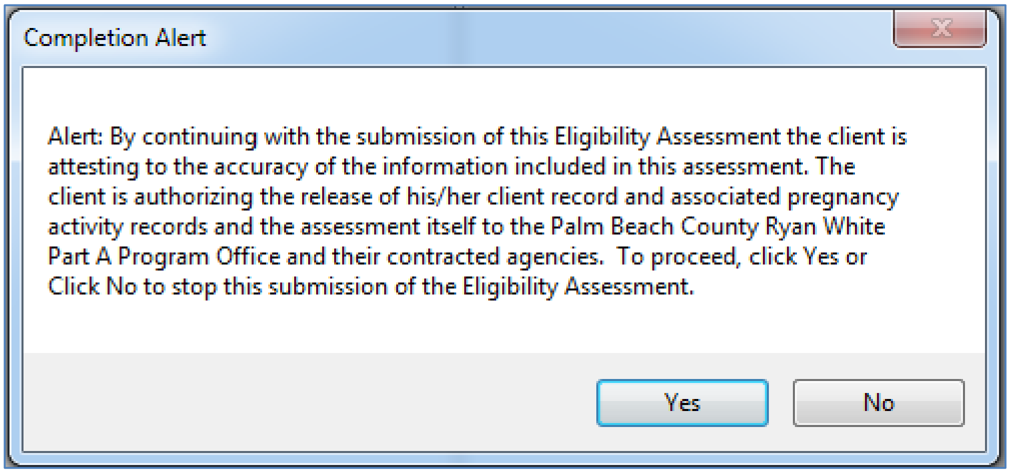


If you are missing CD4 or Viral loads on the initial assessment, you will receive the warning below:

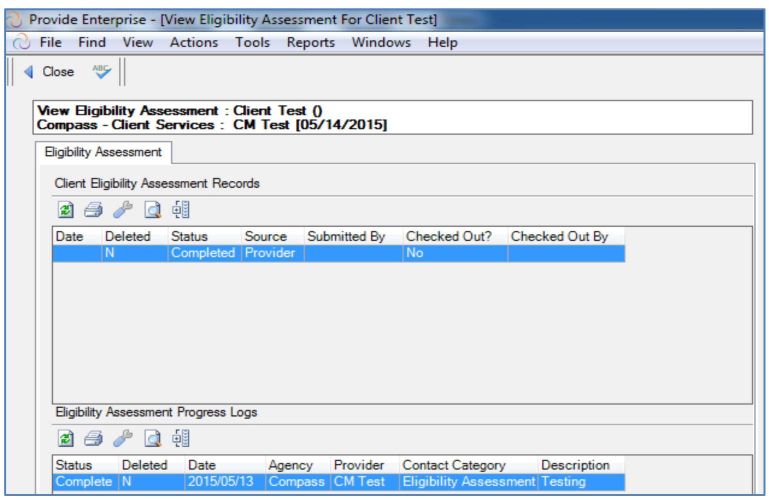


You will be able to continue with the completion of the initial eligibility assessment without these entered.

When completing the eligibility assessment, you will receive the completion alert below:



To proceed, click on “Yes.” To stop the submission, click on “No.” The eligibility assessment is then completed. You can see the completed eligibility assessment in “View – Eligibility Assessment.”



Eligibility Determination/Background:

A completed Eligibility Assessment establishes Service Category level eligibility for the client and is good for six months. If during the six month period a client has his/her Address, Income or Health Benefits change, the client eligibility settings may be modified but the renewal date for recertification will remain the same.

Note: Palm Beach County decided that because the updates to Address, Income and Health Benefits could impact eligibility these changes can only be made by Eligibility staff.

The logic used to calculate the eligibility is as follows:

1) When a client is initially registered their eligibility is set to "No" for all Service Categories except EIS and non-Medical Case Management which are set to "Yes". These setting are good for up to 29 days during which time it is expected that the Client will have an Eligibility Assessment completed.
2) Note, a client is always considered eligible for Eligibility Determination activities.
3) Whenever a client's Eligibility expires, their Eligibility settings are automatically adjusted to "No" for all Service Categories.

When an Eligibility Assessment is completed it calculates a client's Service Category Level Eligibility according to the following rules:

1) Initially the system assumes that the client is not eligible for any services.
2) If the client resides in Palm Beach County in the State of Florida then the client is assumed to eligible for EIS and Outreach services (although Outreach is not currently Part A funded in Palm Beach) and may be eligible for other categories.
3) If the client has a medical diagnosis of "AIDS", "HIV Positive Not AIDS" or "HIV Positive AIDS Status Unknown" and their household income is less than or equal to 400% of the Federal Poverty Level (FPL), the client is eligible for the following services:
    a. Medical Case Management
    b. Non Medical Case Management
    c. Adherence Services (although not currently Part A funded in Palm Beach)
    d. Legal Services
    e. Housing Services
    f. Emergency Financial Assistance
4) If the client's Household Income is less than or equal to 150% of FPL, the client is also eligible for the following services:
    a. Food Bank
    b. Medical Transportation
5) By default, clients that meet the criteria of 2 and 3 above are assumed to be eligible for:
    a. Home Health
    b. Insurance Support Services (Premium and Copy/Deductible services)
    c. Local Prescription Assistance (Medications assistance thru the Palm Beach County Health Care District)
    d. Medical Care
    e. Oral Health Care
    f. Oral Health Care Specialty (Not a current Part A service category)
    g. Mental Health

h. Substance Abuse - Outpatient (although not currently Part A funded in Palm Beach)
i. Substance Abuse - Residential

6) A series of checks are done for data points that may make the client ineligible for services in some of the categories listed in 5 above.
    a. If the Client has Private Insurance in a Status of "Active" or "Cobra" then the following sub checks are completed:
        i. The client is not eligible for Home Health Care.
        ii. If the Private Insurance has "Ambulatory Coverage" then the Client is not eligible for Medical Care.
        iii. If the Private Insurance has "Mental Health Coverage" then the Client is not eligible for Mental Health Care.
        iv. If the Private Insurance has "Substance Abuse Coverage" then the Client is not eligible for Substance Abuse (Residential or Outpatient).
        v. If the Private Insurance has "Pharmacy Coverage" then the Client is not eligible for Local Pharmacy Assistance.
    b. If the client has Dental Insurance in a Status of "Active" or "Cobra" then the client is *not* eligible for Oral Care or Specialty Oral Care.
    c. If the client has Medicare then the client is *not* eligible for Medical Care.
    d. If the client has Medicare Prescription coverage then the client is *not* eligible for Local Pharmacy Assistance.
    e. If the client is enrolled in the Health Care District Coordinated Care Program and has "Option 1" or "Option 2" then the client is *not* eligible for the following services:
        i. Home Health Care
        ii. Medical Care
        iii. Mental Health
        iv. Substance Abuse – Outpatient
        v. Substance Abuse – Residential
        vi. Prescription
    f. If the client is enrolled in the Health Care District Coordinated Care Program and has "Option 2" then the client is *not* eligible Oral Care or Specialty Oral Care.

Chapter

6

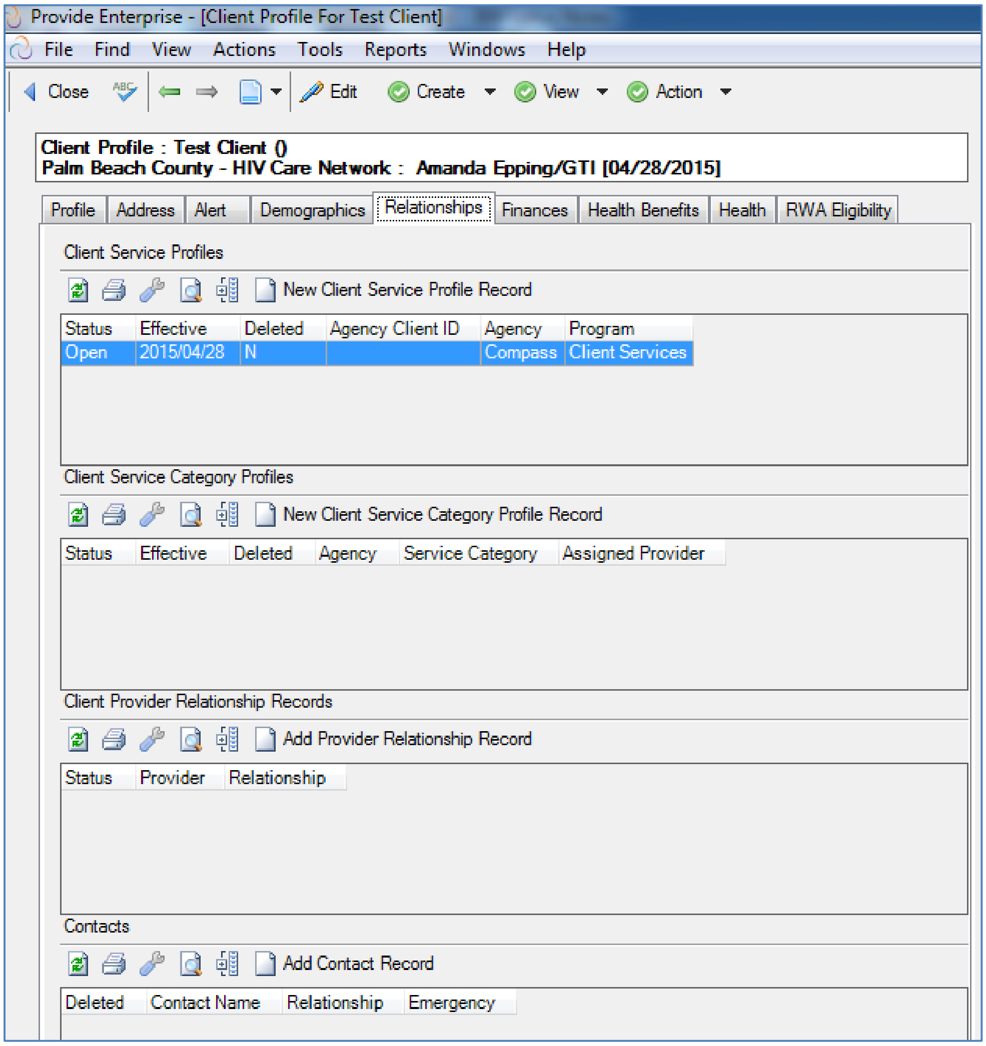
Common Data Entry

Provide Enterprise has a variety of forms that are used to enable providers to capture their interaction with clients, the services they provide, and key data required to help manage the care and support of client and meet data reporting requirements and outcome measures.

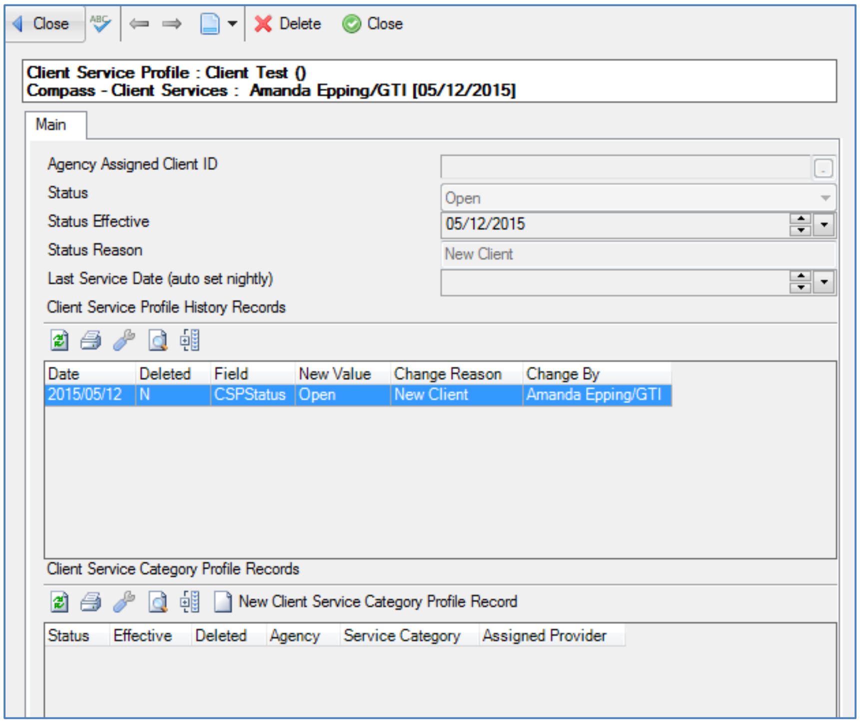
Opening Existing Clients to your Agency

If the client had previously been registered in Provide® Enterprise and served by another agency, you will need to create a Client Service Profile to document that the Client is now being served by your agency.
To do this, follow the steps below:

- First, navigate into the Client Profile (via “Find – Client” or one of the “Views” of Client information.
- On the “Relationships – Tab”



- If you do not see your agency listed, click the New Client Service Profile Record button to open the Client Service Profile, seen below.



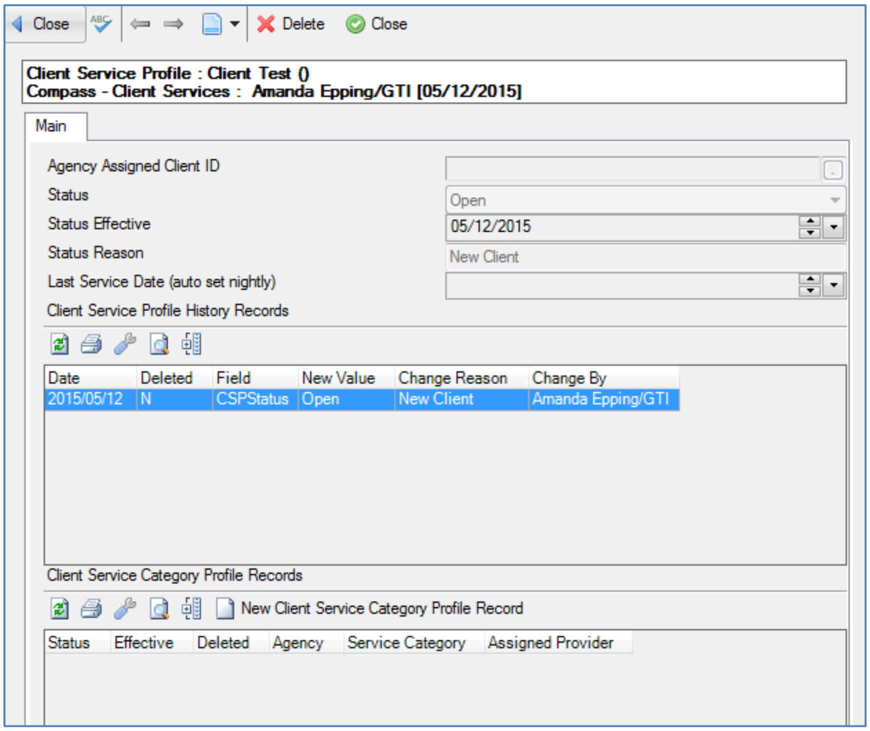
- Once done, click on the Close button to save your changes and back out of the record.

Opening Existing Clients to your Service Category

If the client had previously been registered in Provide® Enterprise and served by another agency or by other programs at your agency, you will need to create a Client Service Category Profile to document that the Client is now being served by your agency and service category.   NOTE: If the client has previously been served by your Service Category, follow the steps below under “Re-Opening Existing Clients to Your Service Category.”

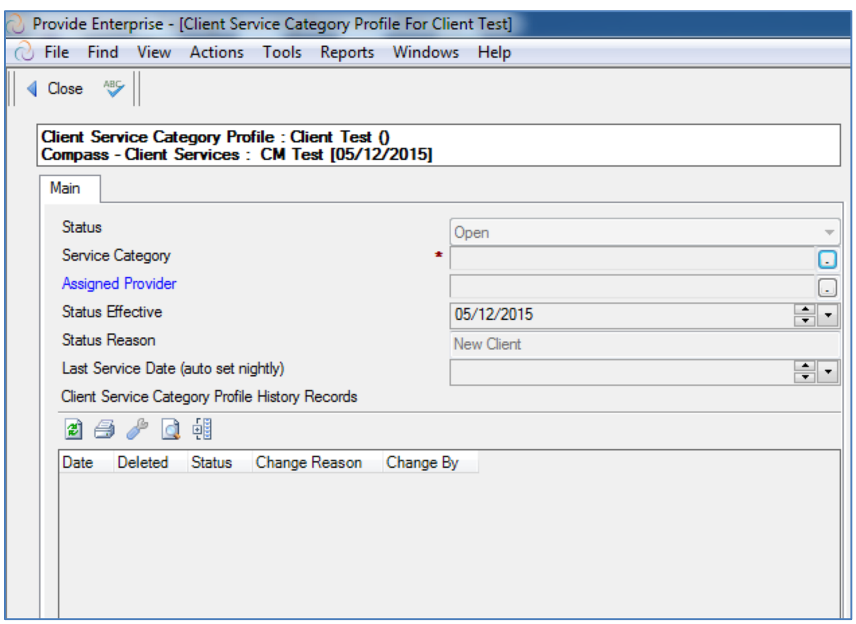
To do this, follow the steps below:

- First, navigate into the Client Profile (via “Find – Client” or one of the “Views” of Client information.
- In the Profile Section – “Relationships Tab”



- If you do not see your agency listed, follow the steps in the previous section to "Open Existing Clients to your Agency."

- Click on [New Client Service Category Profile Record] to add the new service category.



Fill out the fields as appropriate:

- **Service Category:** Select the category of service that you wish to open the client to.

- **Assigned Provider:** Select the assigned provider.
- **Status Effective/Status Reason:** These will automatically be computed.
- **Client Service Category Profile History Records:** This window will track each change to the Service Profile History Status records over time. This will automatically occur when changes are made to these records.

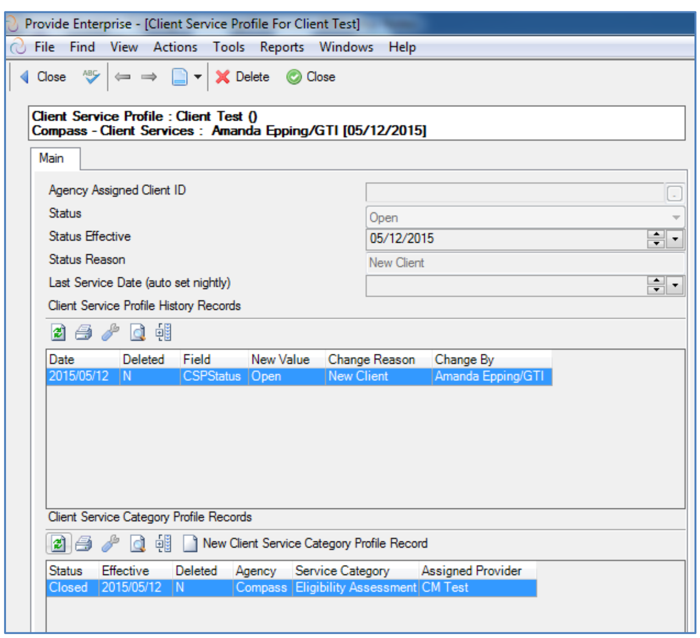
- Once done, click on the Close button to save your changes and back out of the record. Click the Close button again to back out of the Client Service Profile.

Re-Opening Existing Clients to Your Service Category

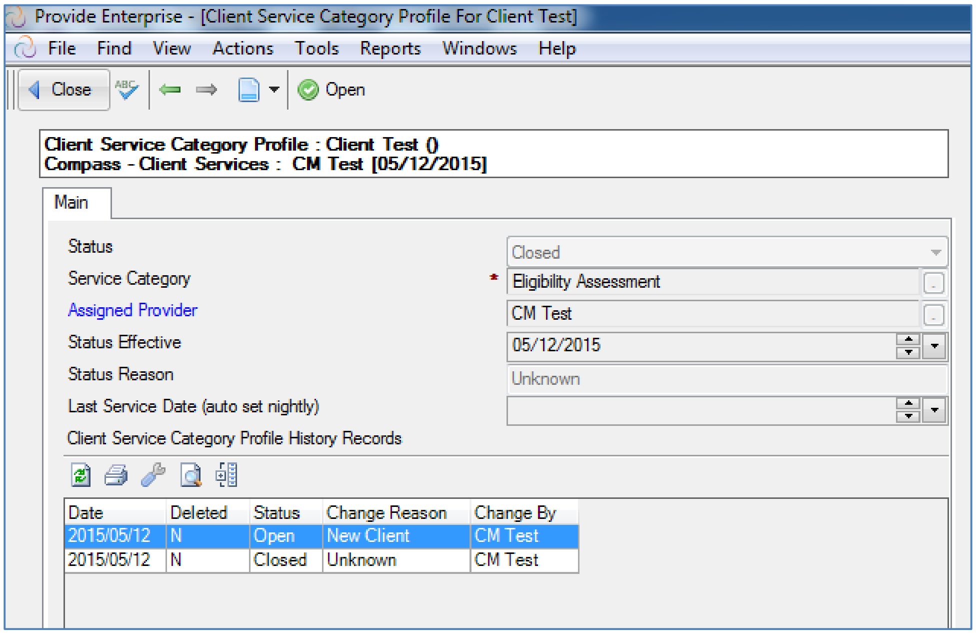
If the client had previously been registered in Provide® Enterprise and served by your agency and service category, you will need to re-open the client to your service category (if they are closed). Please note that if the client was closed to your agency, you will need to re-open the client to your agency as well. See the steps above under "Re-Opening a Client to Your Agency."

To do this, follow the steps below:

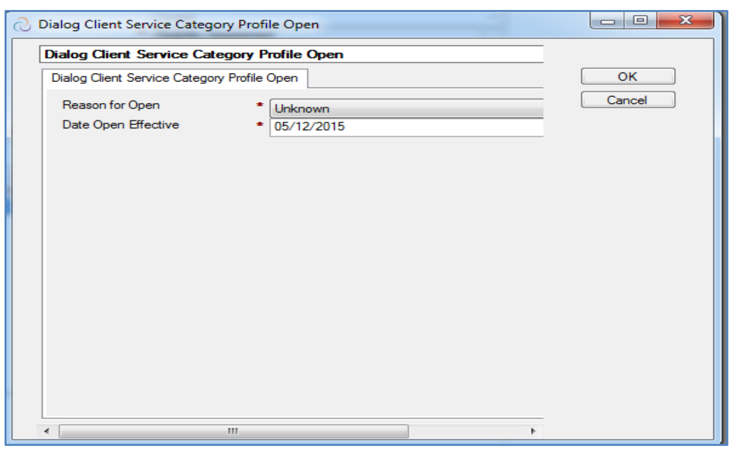
- First, Navigate into the Client Profile (via "Find – Client" or one of the "Views" of Client information.
- In the Profile Section – "Relationships – Tab"



- Double click on the "Client Service Profile" for your agency. It will open on your screen and will look similar to that in the figure below.



- Click the Open button to open the service category profile.



Fill out the fields as appropriate:

- **Reason for Open:** Select the reason client is open.
- **Date Open effective:** Enter the date that this change should be effective from.

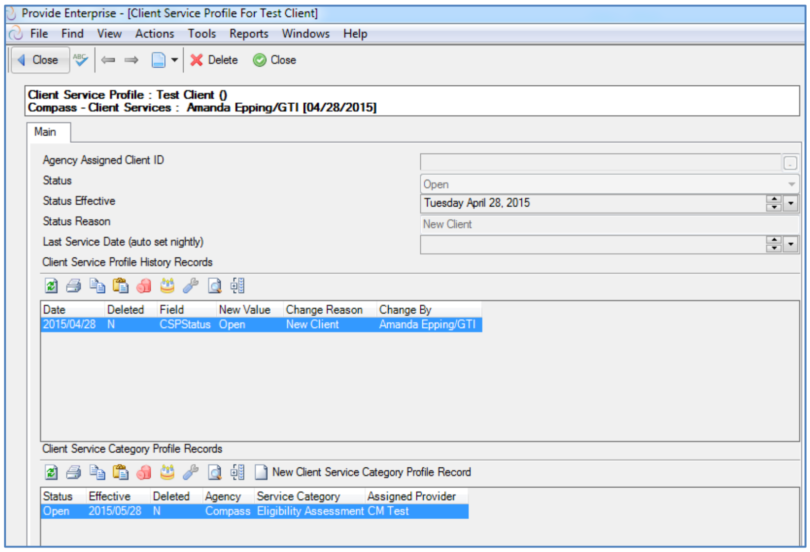
- Once done, click on the OK button to save your changes.
- Next, click the Close button to save your changes and back out of the record.
- Click the Close button again to back out of the Client Service Profile.

Closing to Your Service Profile Record

** Only supervisors can close service profile records.*

To close a client to your service category, follow the steps below:

- First, navigate into the Client Profile (via "Find – Client" or one of the "Views" of Client information.
- On the "Relationships – Tab"

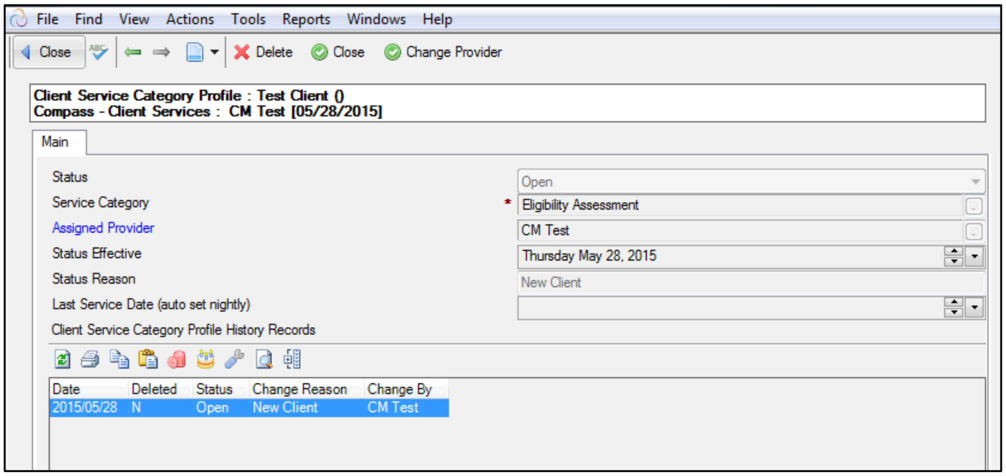


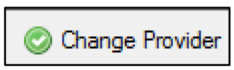
Click the  button to close the service category profile. Enter the reason for close and the date effective. Then, click "Ok."

Changing the Provider of the Client Service Category Profile Record

To close a client to your service category, follow the steps below:

- First, navigate into the Client Profile (via "Find – Client" or one of the "Views" of Client information.
- On the "Relationships – Tab"
- Open the Service Category you need to change the Provider.



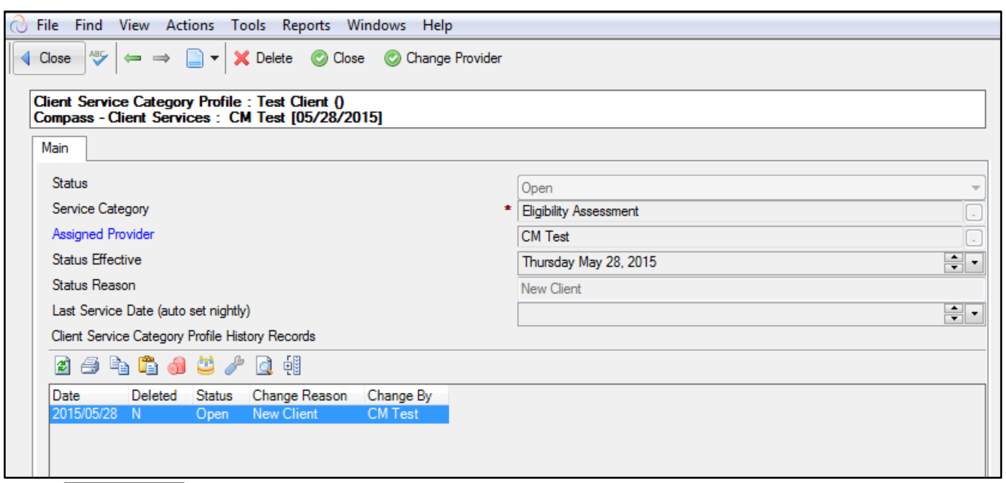
Click on 

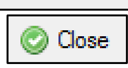
. Enter the new relationship start date and select the newly assigned provider. Then, click on "Ok."

Closing to Client Service Category Profile Record

To close a client to your service category, follow the steps below:

- First, navigate into the Client Profile (via "Find – Client" or one of the "Views" of Client information.
- On the "Relationships – Tab"
- Open the Service Category you need to close.

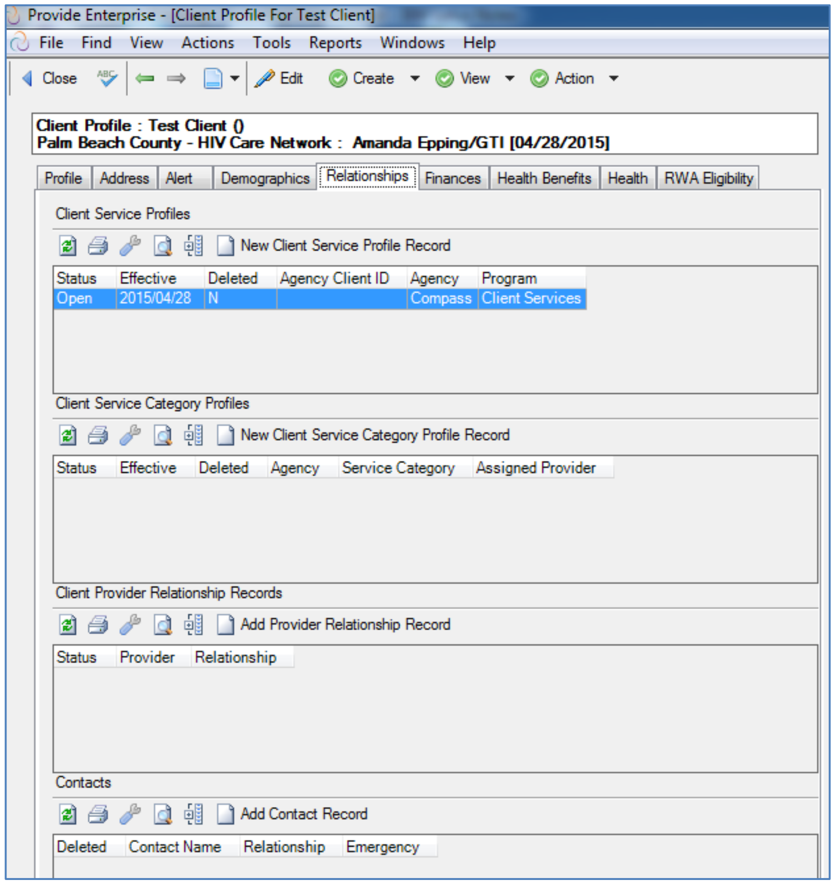


Click on 

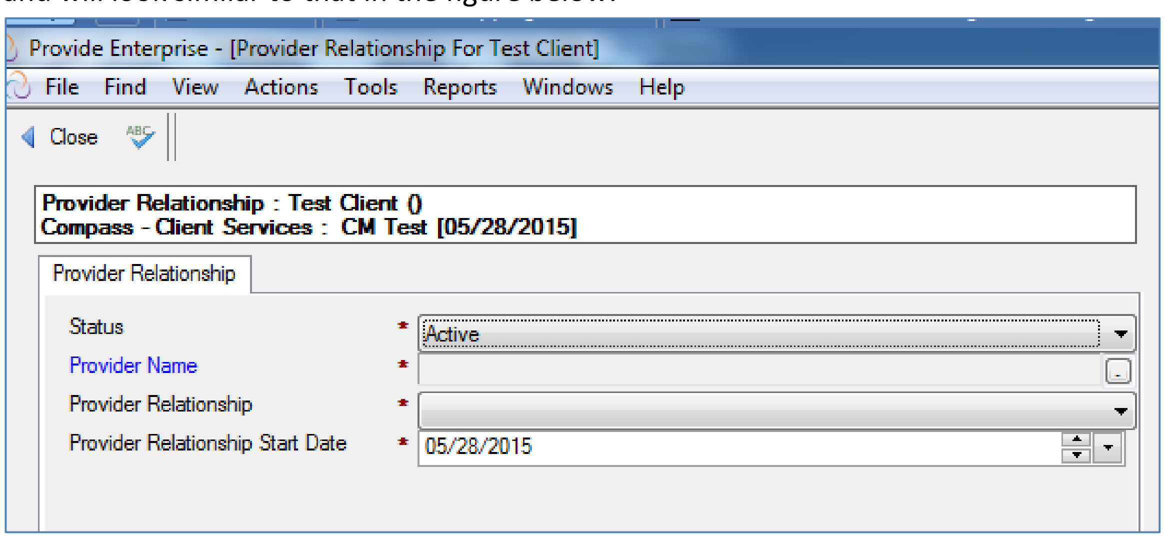
. Then select the reason for closure and the close effective date. Then, click "Ok."

Provider Relationship Record

These records will automatically be created when creating the service category profile. However, they can also be created in the relationship tab of the client profile.



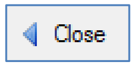
- Double click on "Add Provider Relationship Record." It will open on your screen and will look similar to that in the figure below:



Fill in the appropriate fields:

- **Provider Name-** Select the provider name.
- **Provider Relationship -** Select the provider relationship.
- **Provider Relationship Start Date – Enter the start date.**

To make a Provider "Inactive" open the provider record and select "Inactive" and enter an "End Date."

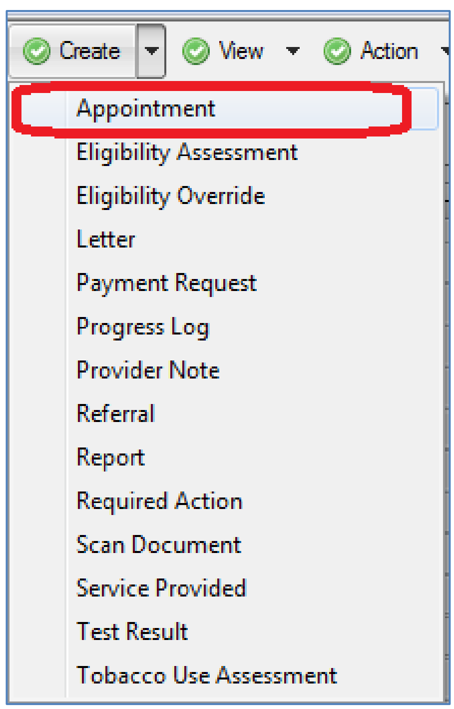
When note is completed, click on 

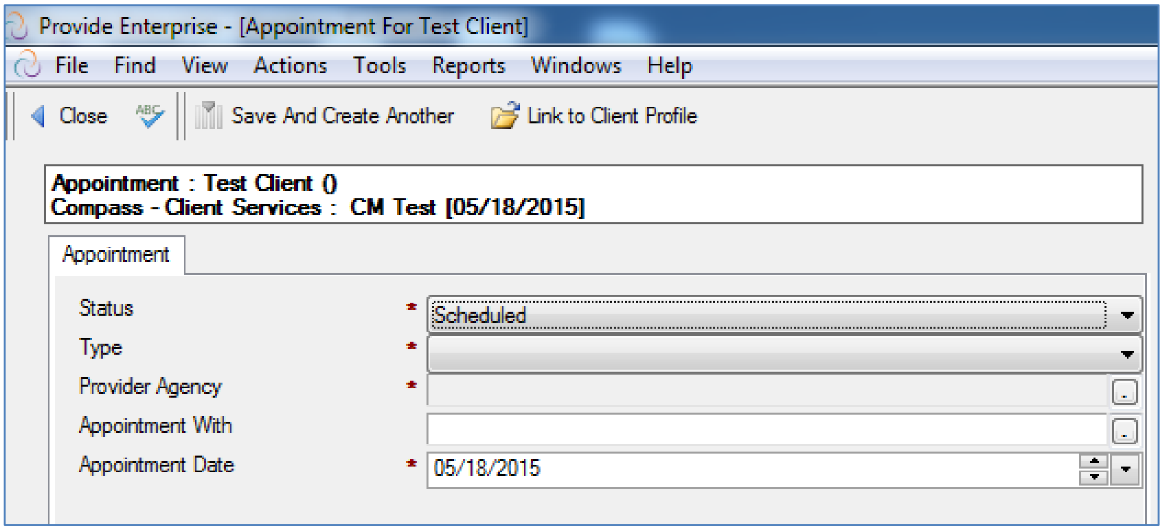
and the "Yes" to save your changes.

Appointment

This form is used to document scheduled, kept and missed appointments. Normally it is primarily used to track AOMC appointments but can be sued to track other types as well. The PE system automatically will generate AOMC Appointment records if a client has a Medical or Lab Procedure record recorded by a provider on a given date and no appointment exists. It is also useful to record scheduled and missed appointments and these can either be entered manually or can be uploaded from a providers EHR data system.

To create an appointment, under create click on "Appointment."





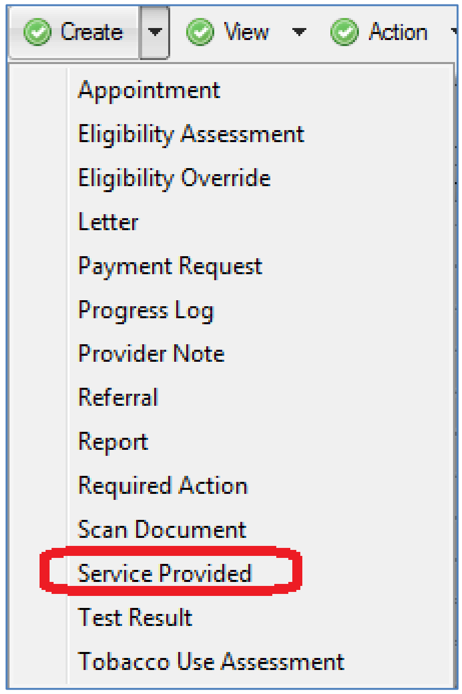
Fill in the appropriate fields:

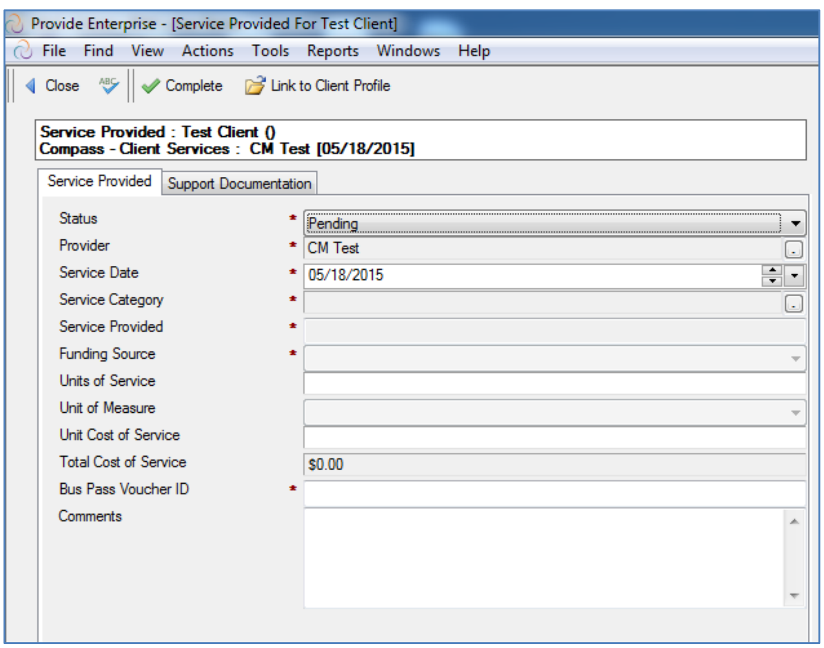
- **Status -** Select the status of the appointment.
- **Type -** Select the type of appointment.
- **Provider Agency -** Select the provider name from the list by clicking on the  or type in the agency.
- **Appointment With -** Select the provider name from the list by clicking on the  or type in the agency.
- **Appointment Date -** Enter the appointment date.

Services Provided

This form is used to capture when a service is provided to a Client. Typical examples are Bus Passes and Food Vouchers. Service provided records are used to track services only when a more detailed or specific record type would not be appropriate – e.g. a Procedure or Progress Log.

To create a service provided, under create click on “Service Provided.”





Fill in the appropriate fields:
**Depending on the service provided, the date entry fields will vary.*

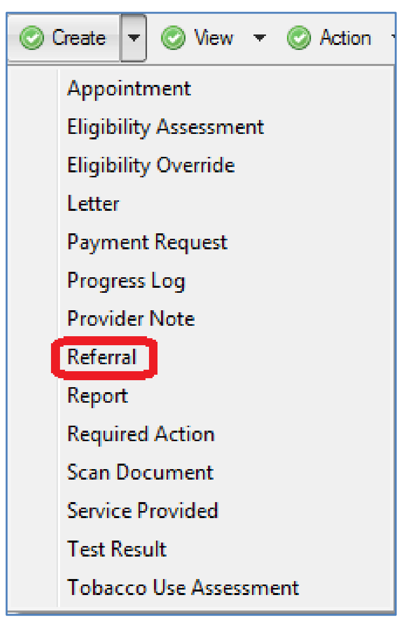
- **Status -** Select the status of the service provided.
- **Provider -** Select the type of appointment.
- **Service Date –** Select the service date from the list by clicking on the
- **Service Category –** Select the service Category

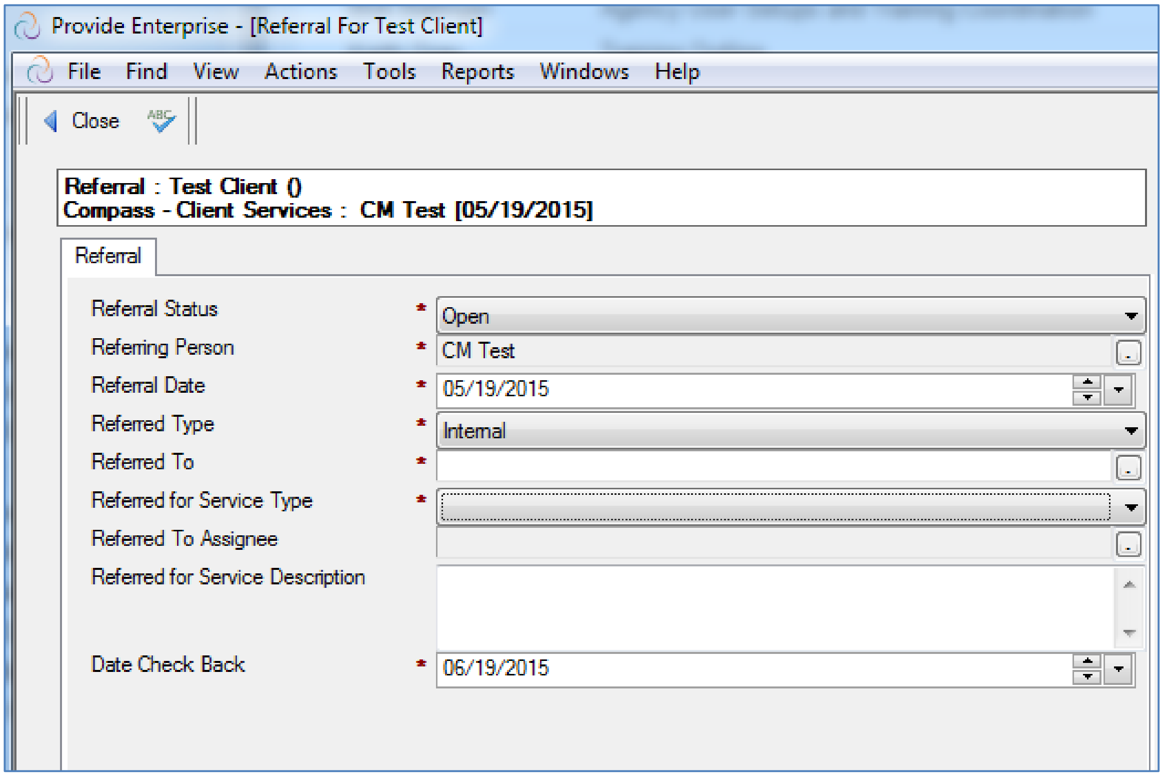
- **Service Provided, Funding Source, Units of Service, Unit of Measure –** These will populate based on the selected service category.
- **Unit cost of Service –** Enter the unit cost of service.
- **Total Cost of Service –** This will be computed and automatically populate.
- **Buss Pass Voucher ID –** Enter the bus pass voucher ID.
- **Comments –** Enter any comments needed.
- **Support Documentation Tab –** Scan/attach any necessary support documentation. Directions on how to "Create a Scan" can be found at the end of chapter 3 or at the end of chapter 5 in this manual.
  ****** For Food Bank Vouchers, the County has set a $50 monthly limit.***

Referral

This form is used when you want to document the referral of a client to another agency. Referrals can be "Internal" (to another agency within the HIV Care Network or another department or group within an agency) or "External" (to an agency or provider outside the HIV Care Network). When an "Internal" Referral is created if the agency that the Referral if being made to does not currently have access to the client record the Referral submission will automatically generate an Informed Consent to release the client to the referred to agency for 30 days. This will give them time to work the referral and if appropriate Open a Client Service Profile which will keep the client chart open to the agency until the "HIV Care Network Consent" expires (in 3 years) or they close their Client Service Profile.

To create a referral, under create click on "Referral."





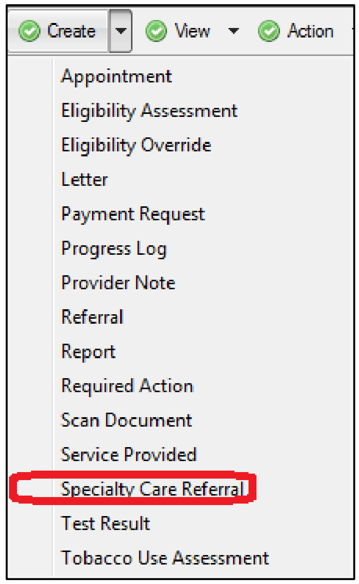
Fill in the appropriate fields:

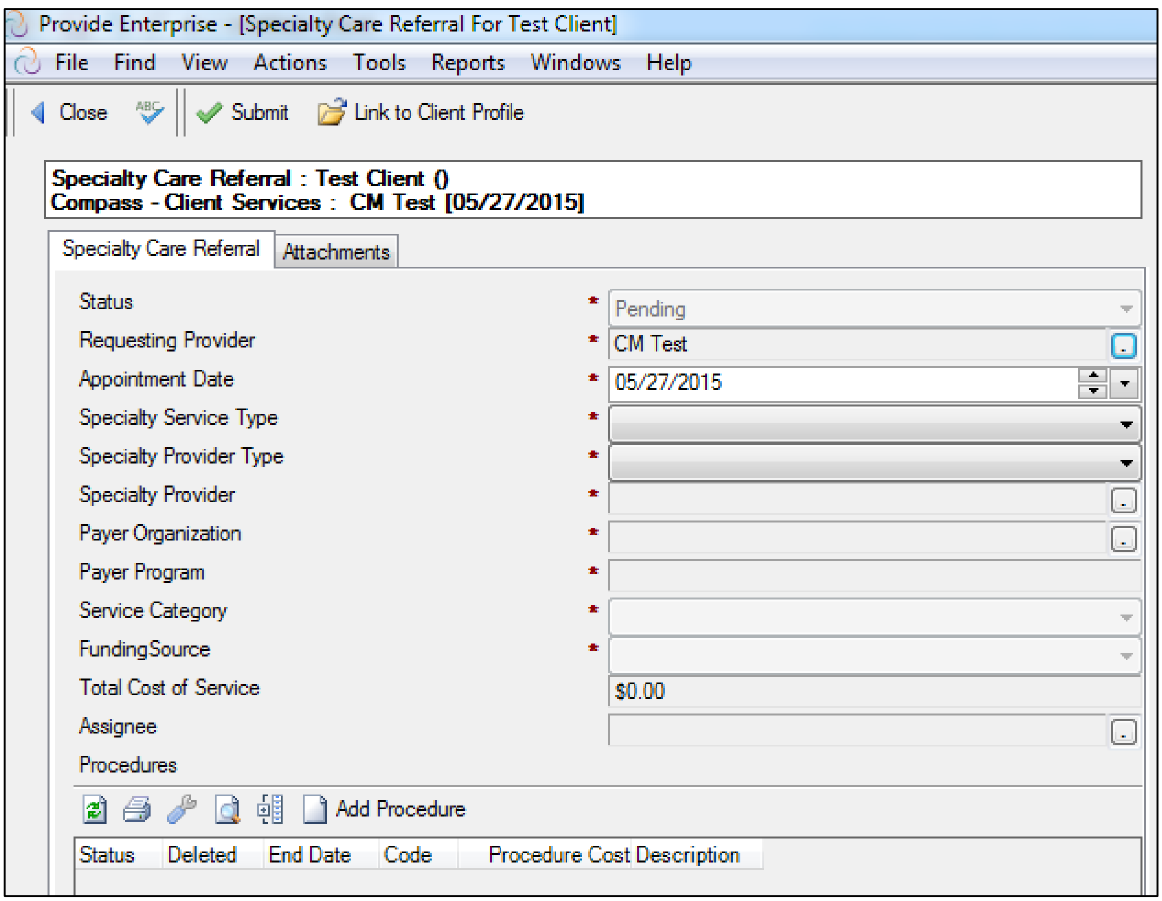
- **Status -** Select the status of the referral.
- **Referring Person -** This will default to you or you can select the referring person.
- **Referral Date –** Enter the referral date.
- **Referred Type –** Select if it is an "External" or "Internal" referral.
- **Referred To –** Select the agency the client is being referred.
- **Referred for Service Type –** Select the service type.
- **Referred to Assignee –** If referred to assignee, select the assignee.
- **Referred for Service Description –** Enter the description of the service.
- **Date Check Back –** Enter the date to check back on the referral.

When a referral is completed, the agency receiving the referral will receive an email regarding the referral. Referrals can also be viewed by the receiving Agency in "View- Referrals- To my Agency Unacknowledged. The referrals then can be "Acknowledged" by the receiving agency (by clicking on the "Acknowledge" button) which will inform the referring provider that they referral has been received.

Specialty Referrals

To create a specialty referral, under create click on "Specialty Referral."





Fill in the appropriate fields:

- **Status –** This will default to “Pending” until it is “Submitted.”
- **Referring Provider -** This will default to you or you can select the referring person.

- **Appointment Date –** Enter the appointment date.
- **Specialty Service Type –** Select the specialty service type.
- **Specialty Provider Type –** Select the specialty provider type.
- **Payer Organization -** Select the payer organization.
- **Payer Program –** Select the payer program.
- **Payer Organization –** Select the payer organization.
- **Funding Source –** Select the funding source.
- **Assignee –** Select the assignee.
- **Referred for Service Description –** Enter the description of the service.

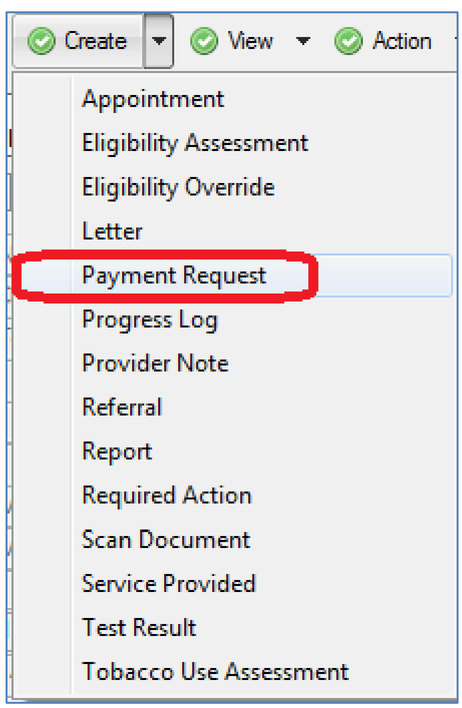
After filling out the record, click on the 

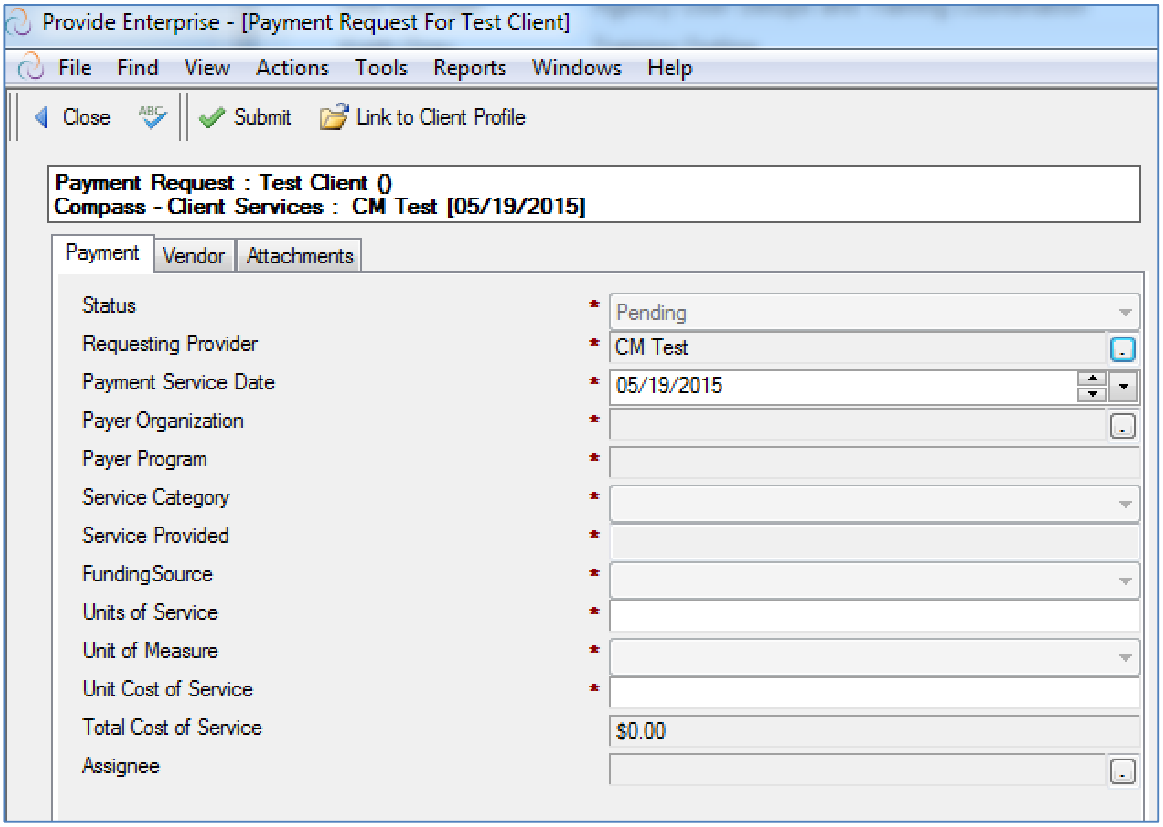
button to submit the specialty care referral.

Payment Request

This form can be used to request that a payment be made on behalf of a Client. A Provide User can submit a Payment Request within their agency or to another agency. For example, a Medical Case Manager at one agency may submit a Payment Request to another agency for a service that the MCM agency does not offer.

To create a service provided, under create click on "Payment Request."

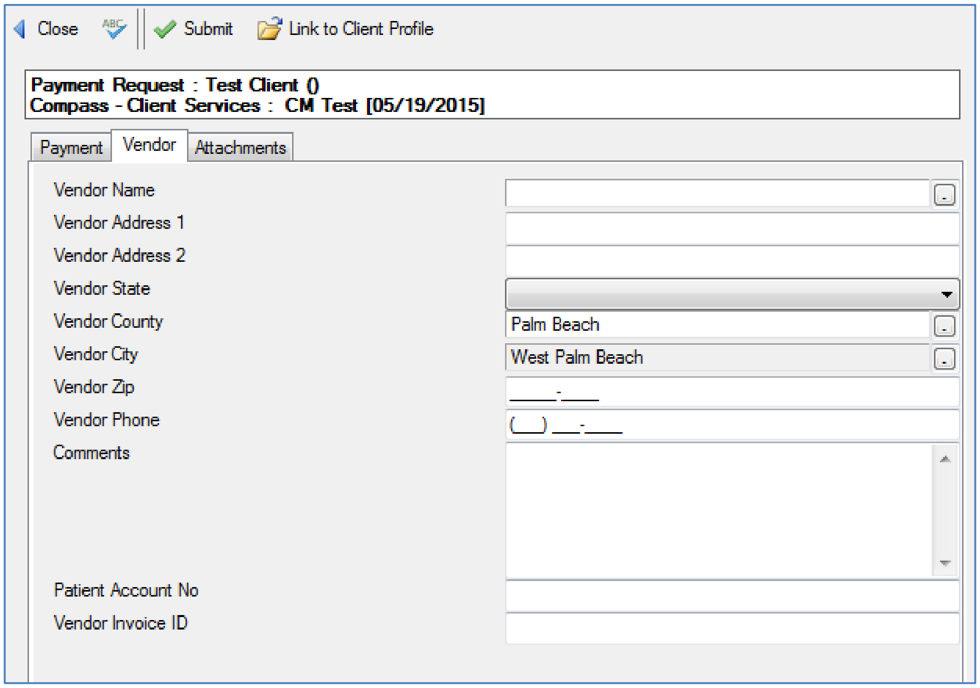




Fill in the appropriate fields:

- **Status –** This will default to "Pending" until it is submitted.
- **Requesting Provider -** This will default to you or you can select the referring person.
- **Payment Service Date –** Enter the service date.
- **Payer Organization –** Select the payer organization
- **Service Category, Service Provided, Funding Source, Unites of Service, Unit of Measure –** These will all populate when payer organization is selected.
- **Unit cost of Service –** Enter the unit cost
- **Total Cost of Service** - This will be computed and automatically populate.
- **Assignee –** If an assignee, select the assignee.

Vendor Tab:

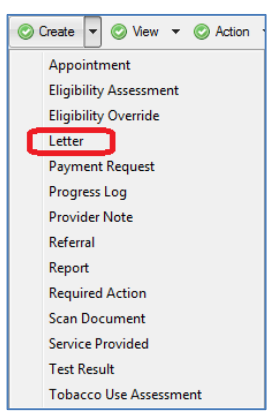


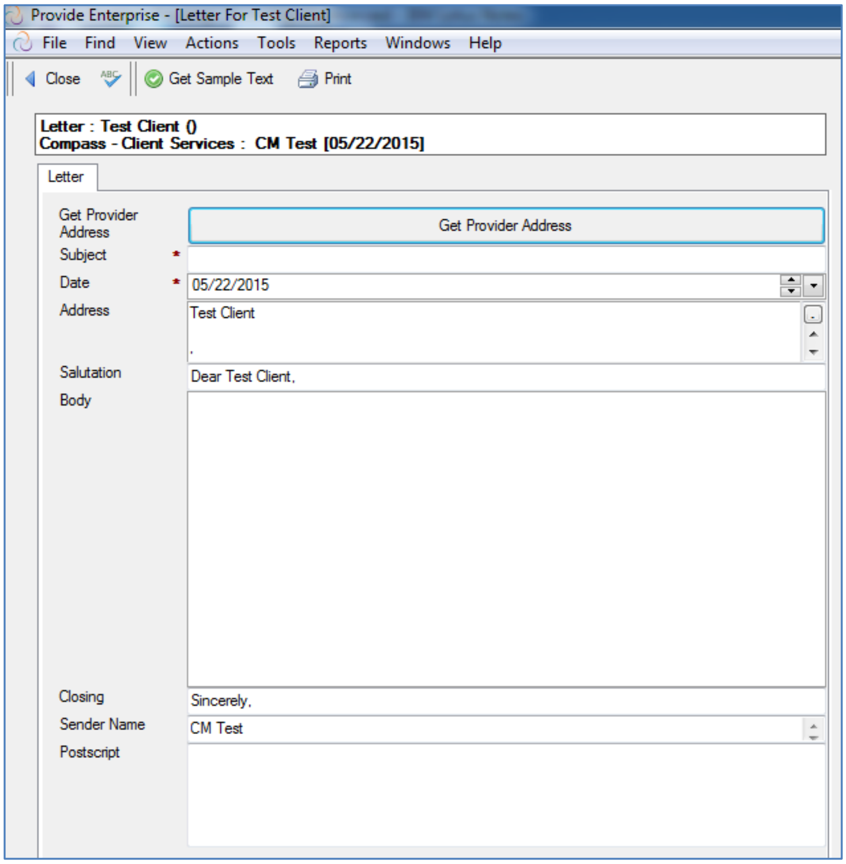
On the Vendor tab of the payment request, enter any of the necessary vendor information. On the attachment tab, scan/attach any necessary support documentation. Directions on how to "Create a Scan" can be found at the end of chapter 3 or at the end of chapter 5 in this manual.

Letter

This form is designed to make it easy to write a Letter to a Client or one of their Providers, print it, and retain the text of the letter in Provide.

To create a letter, under create click on "Letter."





You can address a Letter to a Client or a Provider. Use the "Click to Select Provider and Get Address" button to select a Provider you wish to address the letter to. Use the "Get Client Address" button on the button bar of the form to populate the address from the Client Profile Mailing Address fields. Both buttons populate the address and dalutation fields. The body of the letter can be typed or it may be helpful to use sample text (described below).

Using Get Sample Text

If there are letters that are commonly sent to your Clients, you can store them so that they are easily accessible and will not need to be re-written.

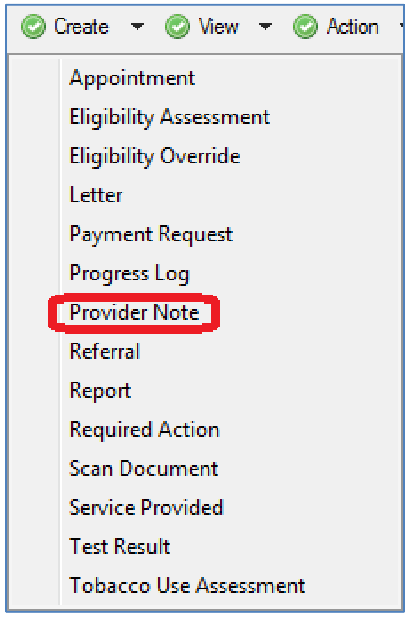
To use the sample text, follow the steps below:

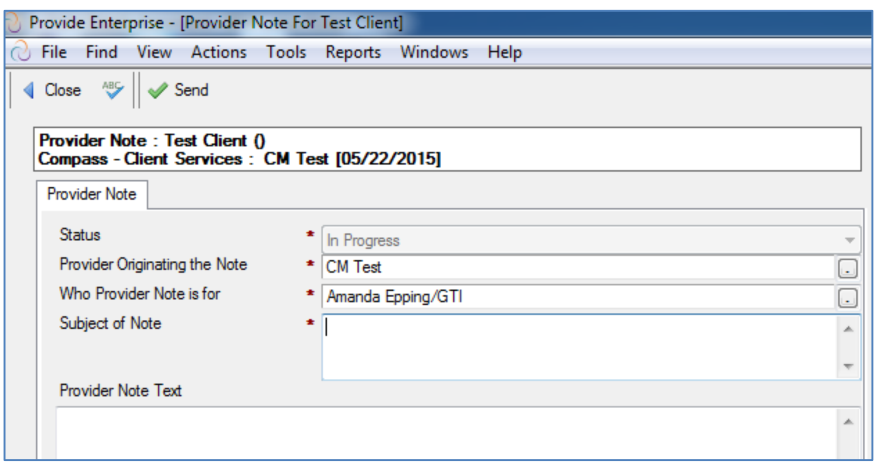
- Click on the Get Sample Text button. A dialog box will appear.
- Single click on the sample text you wish to utilize.
- Click on the OK button.
- You will then see the text copied into the "Body" of the Letter.

Provider Note

This form is designed to allow one Provider serving a client to place a Note in the client's chart that is addressed to another provider serving the client. The Provider Note will appear in the “Activity\Tasks” views and the “Client Tasks” view on the Alert tab of the Client Profile.

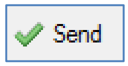
To create a Provide Note, under create click on “Provider Note.”





Fill in the appropriate fields:

- **Status –** This will default to “Pending” until it is “sent”.
- **Provider Originating the Note -** This will default to you or you can select the provider.
- **Who Provider Note is For –** Select the provider the note is intended for.
- **Subject of Note –** Enter the subject of the note.
- **Provider Note Text –** Enter the note.

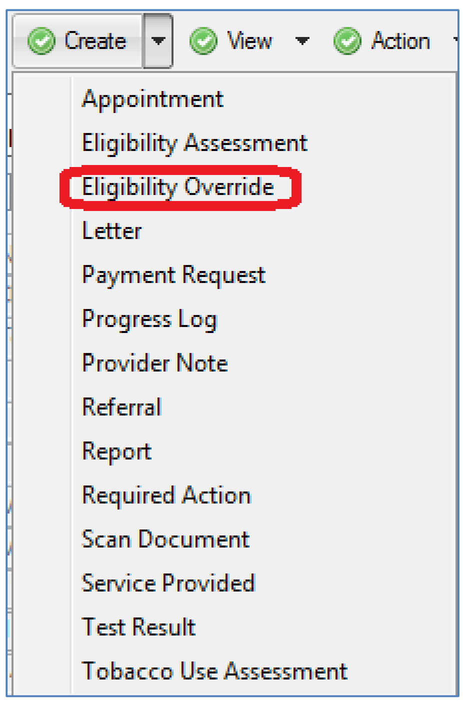
When note is completed, click on 

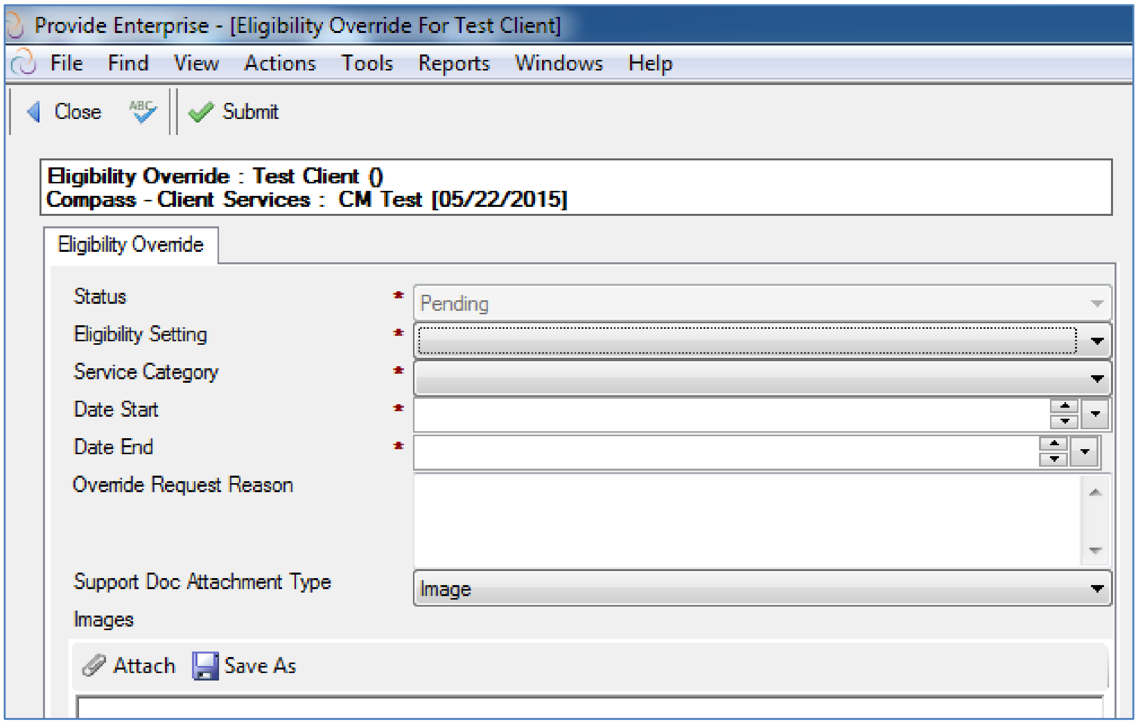
and the “Yes” to save your changes.

Eligibility Override:

This form is used to request that the County authorize a client to be eligible for a given category or services for a given time period even though the client may have been flagged as not eligible by the most recent Eligibility Assessment, Income, Address, or Health Benefits update. For example, a client may have Primary Health Insurance that includes Mental Health Counseling benefits so the client may not be eligible Mental Health Services. However, if the client has exceeded their health plan annual visit cap, the Eligibility Override could be used to authorize a provider to provide additional Counseling sessions.

To create an Eligibility Override, under create click on “Eligibility Override.”





Fill in the appropriate fields:

- **Status –** This will default to "Pending" until it is "Submitted."
- **Eligibility Setting –** Select the eligibility setting.
- **Service Category –** Select the service category.
- **Date Start –** Enter the start date.
- **Date End –** Enter the end date.
- **Override Request Reason-** Enter the override request reason.

On the attachment section, scan/attach any necessary support documentation. Directions on how to "Create a Scan" can be found at the end of chapter 3 or at the end of chapter 5 in this manual.

When note is completed, click on 

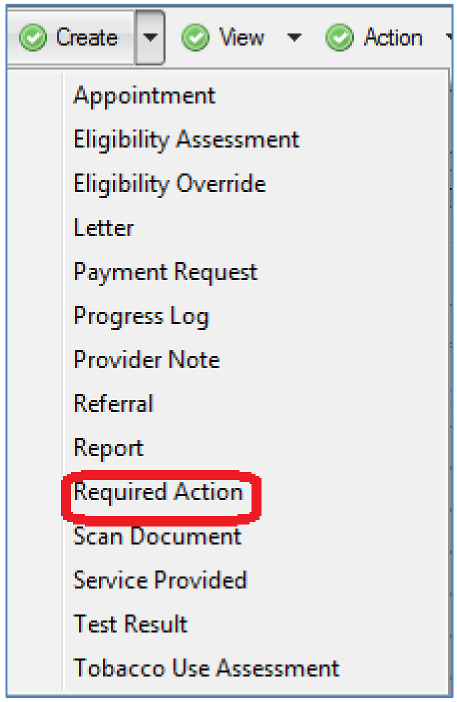
and the "Yes" to save your changes.

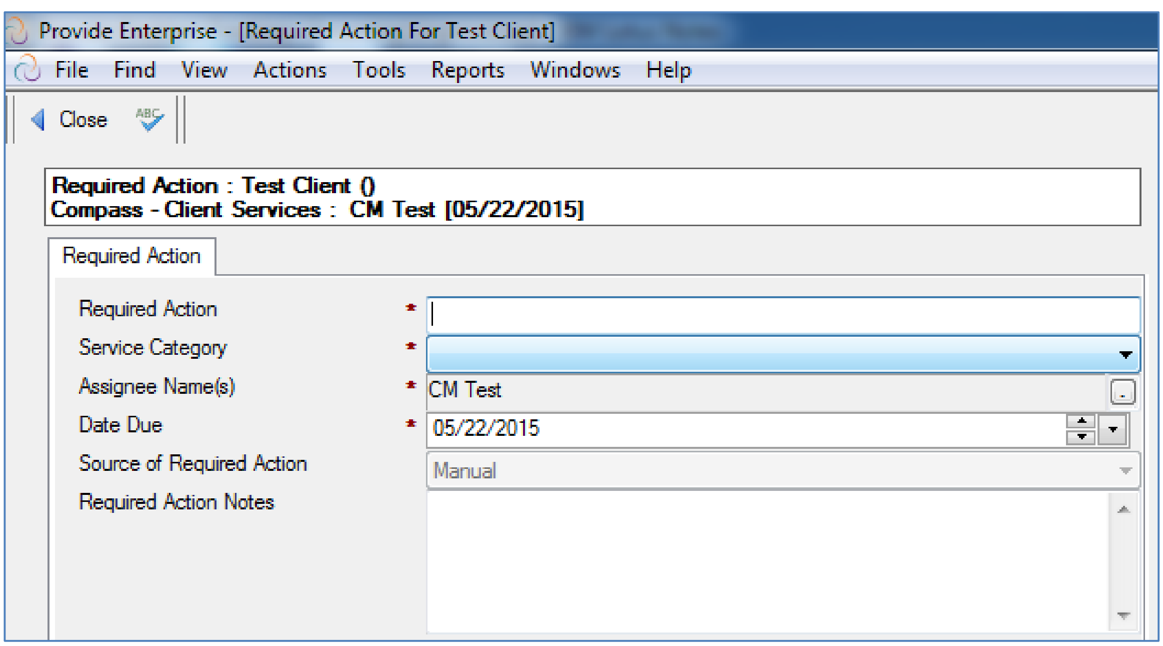
Required Action:

This form is used to document when a specific action should be taken on behalf or with a client. Many Required Action documents are automatically generated in client charts by the PE system. For example, clinical triggers will generate a Required Action when a client had a CD4 Count below 200 altering the medical provider that the client should be evaluated for PC Prophylaxis and Medical Case Management triggers will generate a Required Action when a Open Medical Case Management Client has not had a Face to Face encounter in more than 30 days. A provider can also manually create a Required

Action document in a Client chart to help remind them of some task that they need to address with a Client.

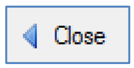
To create a Required Action under create click on “Required Action.”





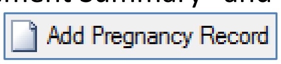
Fill in the appropriate fields:

- **Required Action –** Enter the name of the required action.
- **Service Category –** Select the service category.
- **Assignee Name –** Select the assignee's name.
- **Due Date –** Enter the due date.
- **Source of Required Action –** This will default to manual if a user is creating the required action.
- **Required Action Notes-** Enter the corresponding notes.

When note is completed, click on 

and the "Yes" to save your changes.

Pregnancy:

This form is used to track each pregnancy of a Client. Each Pregnancy should be documented as it may impact the client's eligibility for some services. Pregnancy records can be created within an Eligibility Assessment and from the Views of "Case Management Summary" and "Medical Summary." From any of these areas, you would click on 

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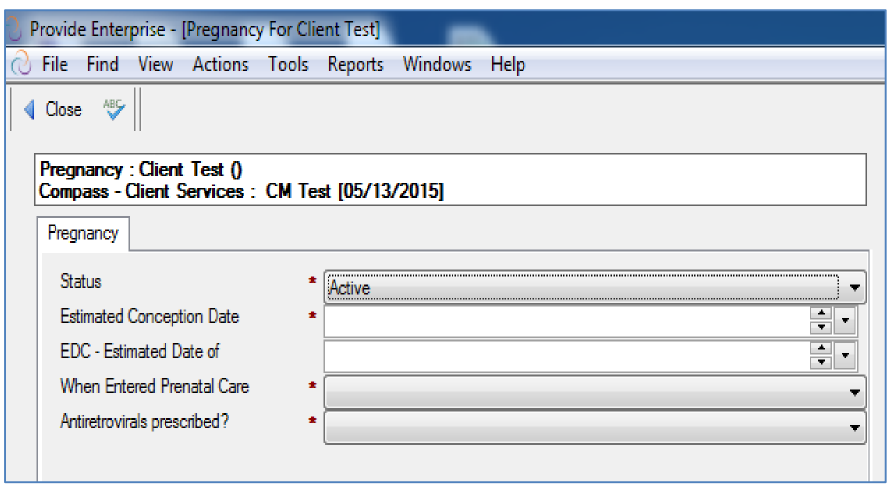


Fill in the appropriate fields:

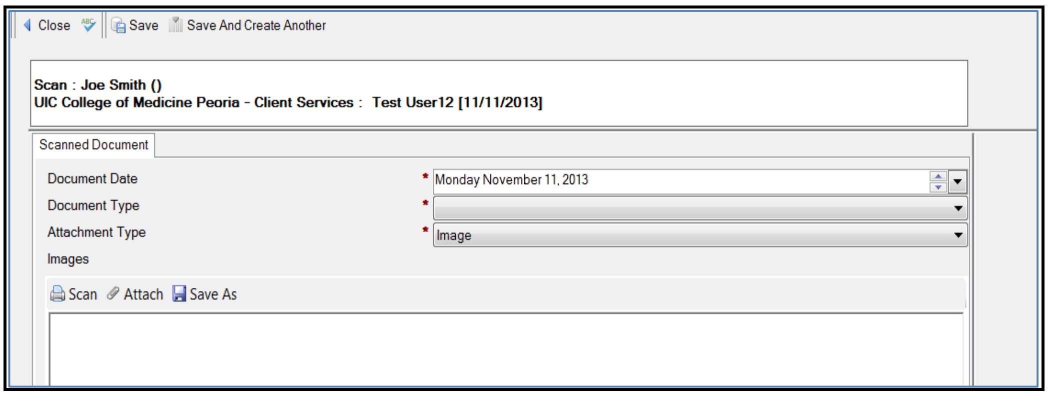
- **Status -** Select the status of the pregnancy.
- **Estimated Conception Date -** Enter the estimated date of conception.
- **EDC – Estimated date of Confinement (Due Date)** – Enter the estimated due date.
- **When Entered Prenatal Care** – Select the time when client entered prenatal care.
- **Antiretroviral prescribed?** – Select "Yes" or "No."

- **If “Yes,”**
  - **Week When Antiretroviral Started** – Enter the week the antiretroviral was started.
  - **Antiretroviral Names** - Select the Antiretroviral names.

- When completed, click on the Close button. You will be prompted to save your changes. Click on the Yes button to save your changes.

Creating Scans:

- To Create Scans:
- Clink on the Create Scan button on top of the screen.

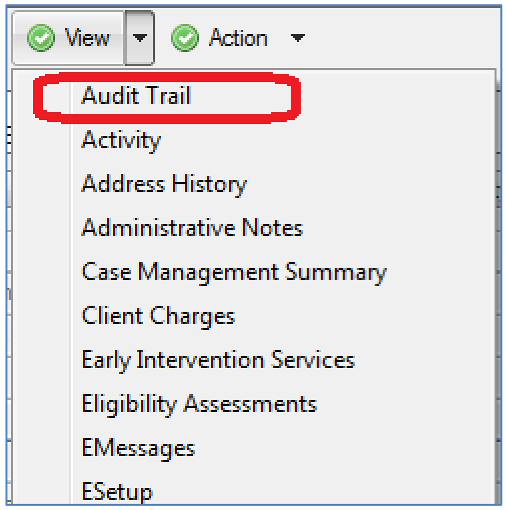


Fill in the appropriate fields:

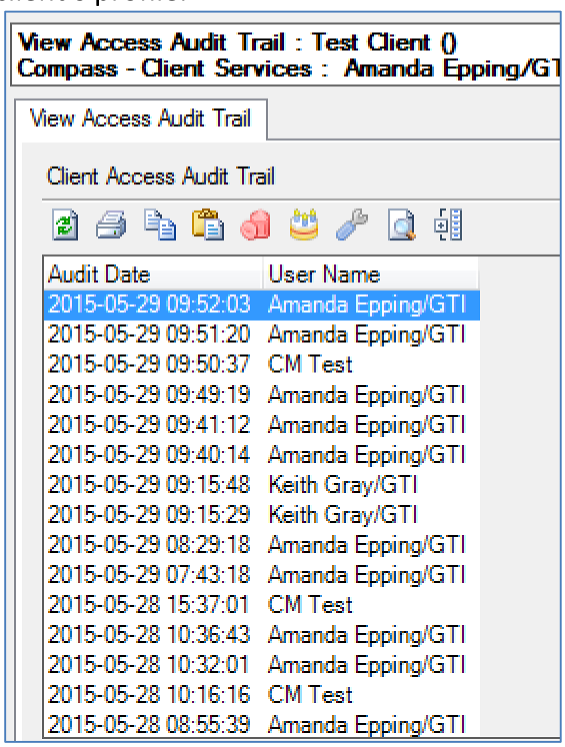
- **Document Date:** this will automatically populate with the date you are creating the scan. However, you can change the date by clicking in the box.
- **Document Type:** Click on the ▼ and select the document type from the drop-down list.
- **Scan:** Click on the Scan to scan the document directly from your scanner.
- **Attach:** Click on the Attach to attach the document that you saved on your computer.
- **Save:** Click on the Save to save the attachment or click on the Save And Create Another to save the scan and to create another.

Audit Trail:

If you go to View – Audit Trial



You can see a list of all users who accessed the client's file along with the date and time the user accessed the client's profile.



Chapter

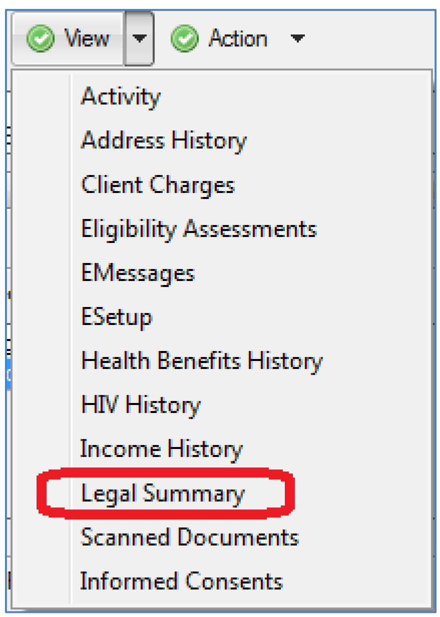
7

Legal Service Providers

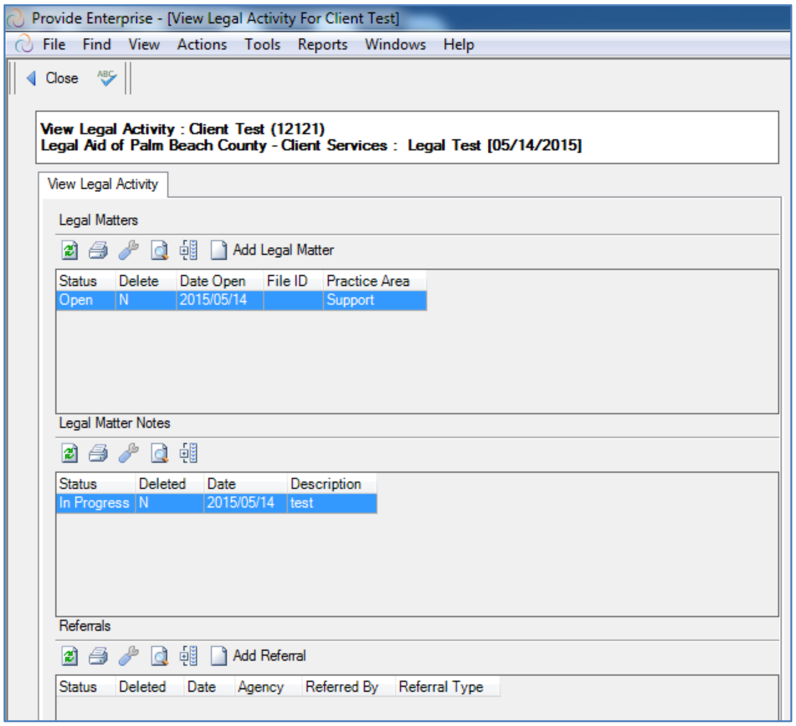
Legal service providers in Provide will be able to document legal matters, legal notes, and referrals.

You will need to create a Client Service Profile for Legal Matter to document any legal activity for the client. Please see the common data entry section of this guide for instruction on opening clients to your service category.

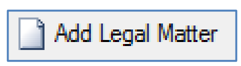
From the client Profile, you will select “Legal Summary” from the “View.” See screen-shot below.



From the client Profile, you will select “Legal Summary” from the “View.”



Entering Legal Matter:

To Add a "Legal Matter," click on 

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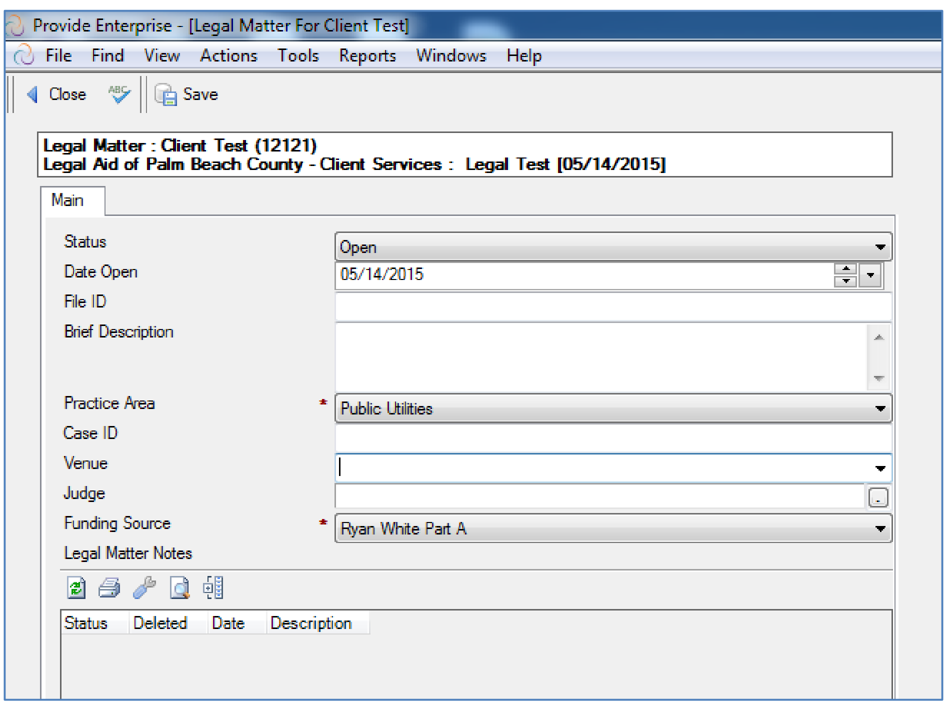
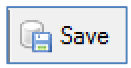
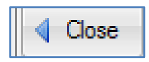


Fill in the appropriate fields:

- **Status -** Select that status "Open" or "Close."

- **Date -** Enter the date Open or Close.
- **File ID -** Enter file ID
- **Brief Description-** Enter the brief description of the legal matter.
- **Practice Area –** Select the practice area.
- **Case ID –** Enter the Case ID.
- **Venue –** Select the Venue.
- **Judge –** Select the Judges.
- **Funding Source -** Select the funding source.

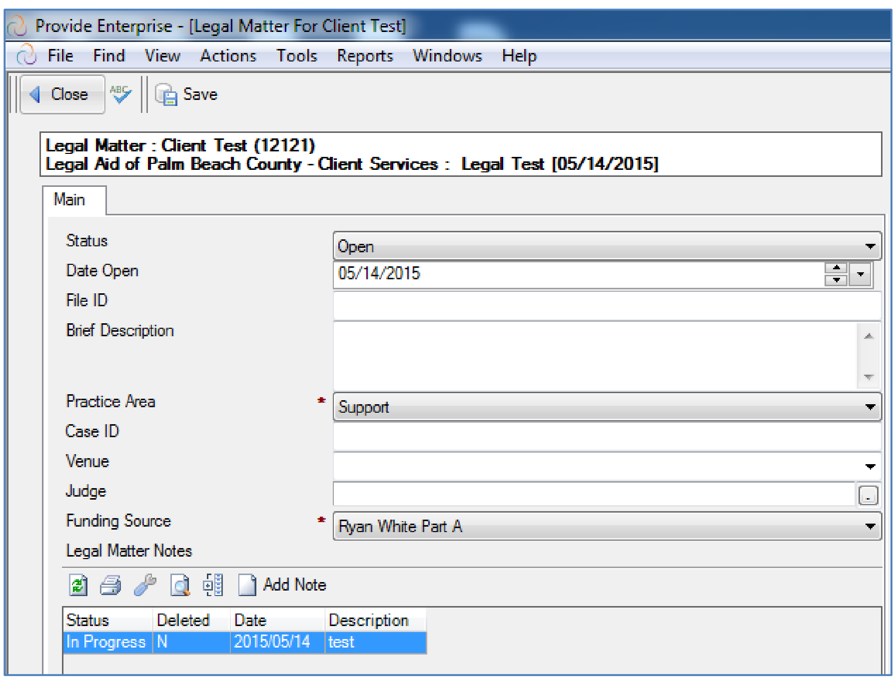
To "Save" the legal matter, click on 

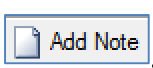
or on 

and then on "Yes" to save your changes.

Legal Matter Notes:

To Add a "Legal Matter Note," double click on the "Legal Matter."



Click on 

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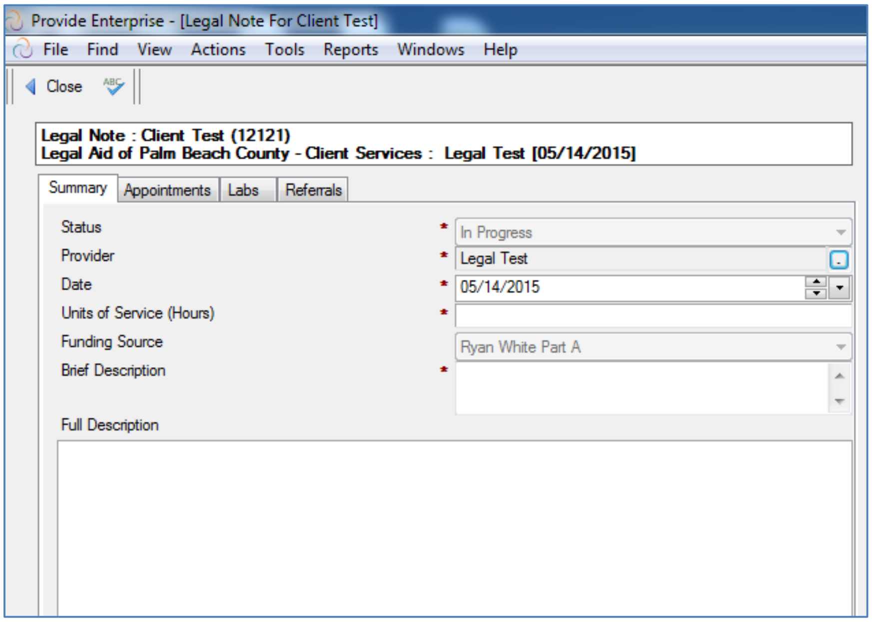
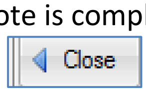


Fill in the appropriate fields:

- **Status:** Select that status "In Progress" or "Complete."
- **Provider:** This will default to your name, but you can choose a different provider in needed.
- **Date:** Enter the date.
- **Unit of Service (Hours):** Enter the service hours
- **Funding Source –** The funding source will default to the legal matter funding source.
- **Brief Description –** Enter the brief description.
- **Full Description –** Enter the full description.

If the note is complete, change the status to "Complete." To "Save" the legal matter, click on 

and then on "Yes" to save your changes.

You may also add an appointment, lab results, or referrals from the note on the corresponding tabs. To add appointment, labs, or referrals please refer to the common date entry section of the manual.

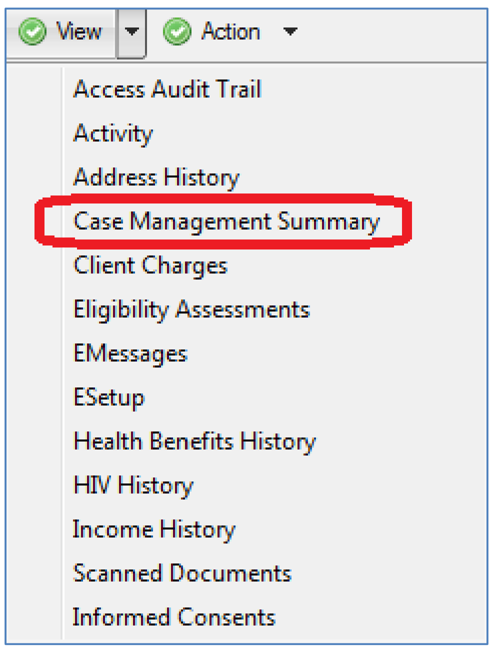
Chapter

8

Medical Case Management Providers

This chapter will include instructions on documentation that is specific to medical case managers. Medical case managers may also need to reference the previous chapter outlining common date entry.

In the client profile, medical case managers will often use the view of "Case Management Summary."

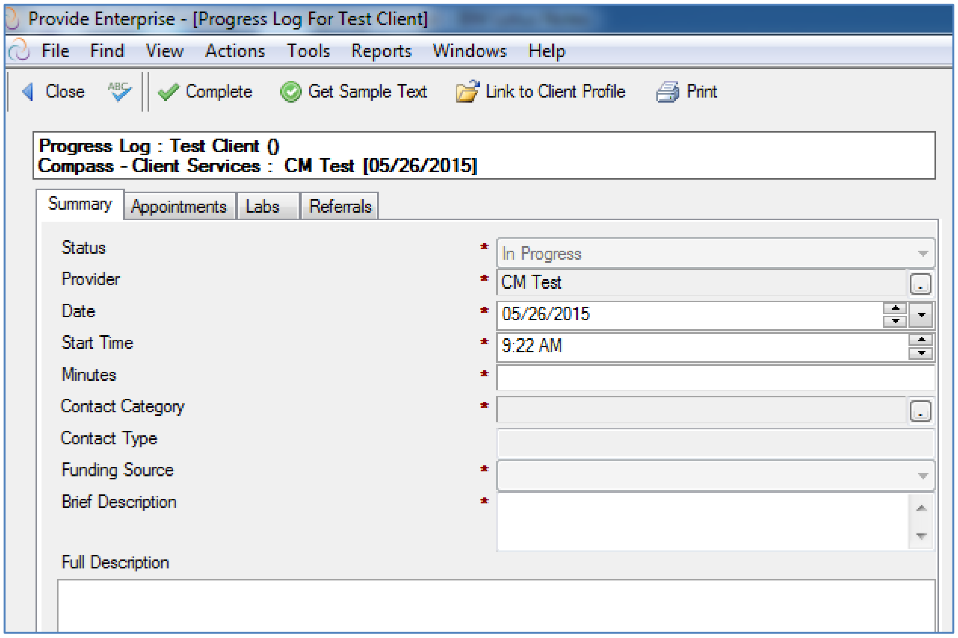


In the Case Management Summary, a medical case manager can create or view client assessment, actions plans, progress logs, services provided, payment request, medical appointments, test results, and referrals.

Progress Log:

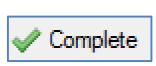
This form is designed to capture the date and time and number of minutes that a provider spent working with or on behalf of a Client. Notes of the encounter/effort should be documented.

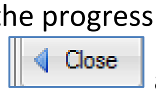
To create a progress log, it can be created under "Create" then click on "Progress Log" or from the "Case Management Summary"



Fill in the appropriate fields:

- **Status -** The status will be "In Progress" until the note is marked "Complete."
- **Provider -** This will default to your name, but you can choose a different provider in needed.
- **Date -** Enter the date.
- **Start Time -**Enter the start time.
- **Minutes -** Enter the minutes spent.
- **Contact Category -** Select the contact category.
- **Contact Type and Funding Source -** This will auto populate bases on the contact category that you select.
- **Brief Description –** Enter the brief description.
- **Full Description –** Enter the full description.
- You may also add an appointment, lab results, or referrals from the note on the corresponding tabs.
- **Goals Addressed –** On this tab, you can select the goals that were address by clicking on the  and select the goals that were address.

If the progress log is complete, click on 

. To "Save" the note in progress, click on 

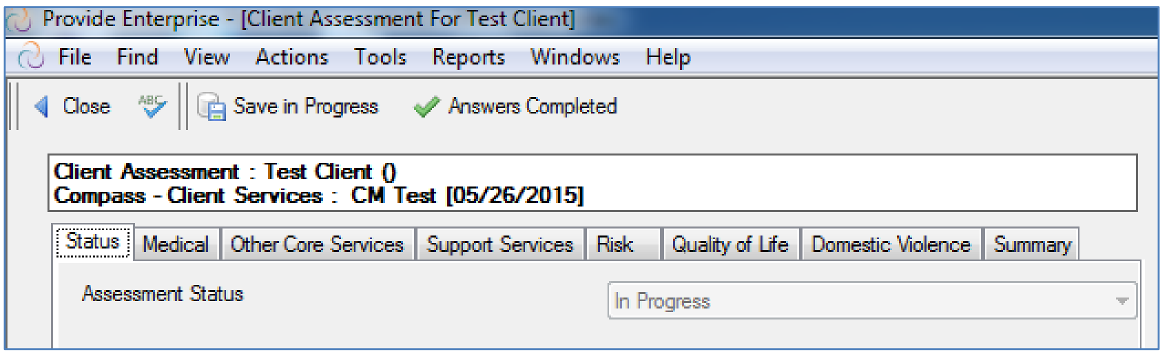
and then on "Yes" to save your changes.

Client Assessment:

This form is optional for now but the expectation is eventually it will be required. When completed, the Client Assessment can auto generate Action Plan Goals based on the needs of the client identified

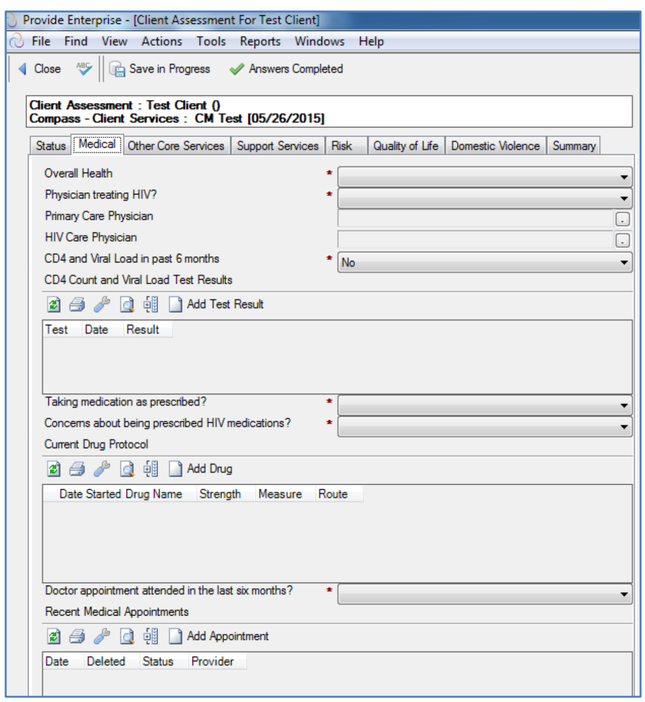
From the "Case Management Summary" view, click on Add Client Assessment to add the assessment.

Status Tab:



Assessment Status - This will be "In Progress" until the assessment is marked "Completed."

Medical Tab:

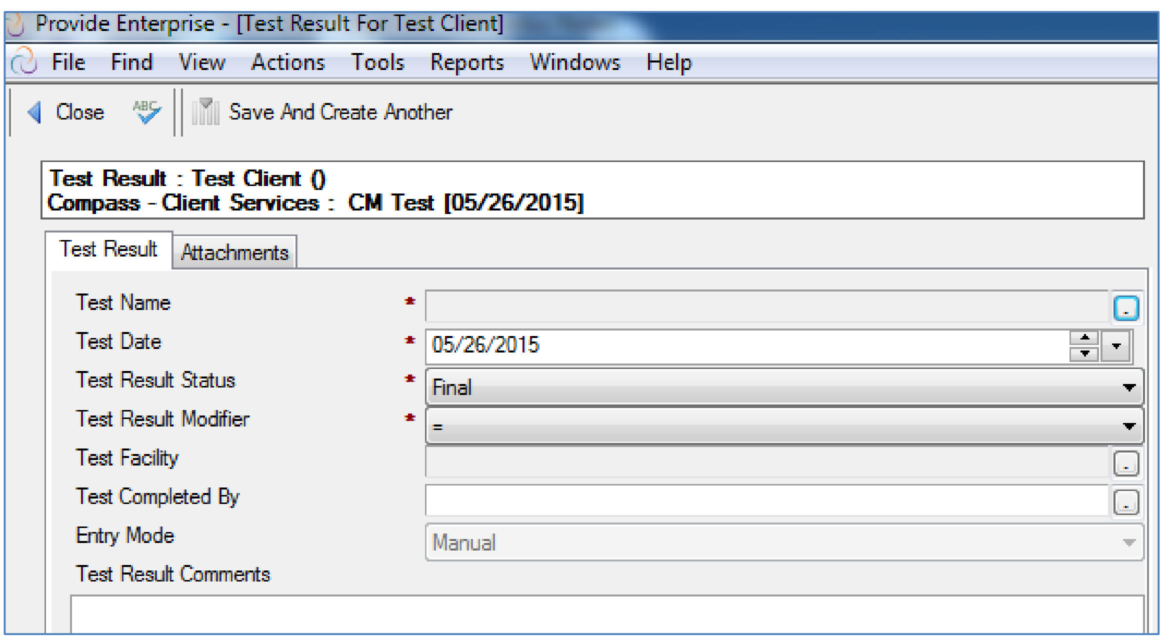


Fill in the appropriate fields:

- **Overall Health –** Select the overall health of the client.
- **Physician Treating HIV-** In this field, select whether or not the client has a physician treating their HIV.
- **Primary Care Physician -** Select the client's Primary Care Physician. This can be done by clicking on the button to search for the Physician.
- **HIV Care Physician -** Enter who the client's HIV Care Physician is. This can be done by clicking on the button to search for the Physician. This may be the same as the primary care physician.
- **CD4 and Viral Load in Past 6 Months** - Select whether or not the client has had both a CD4 and Viral Load test completed in the last 6 months.
- **Taking Medication as Prescribed** - Select "Yes" or "No."
- **Concerns about being prescribed HIV medications**: Select the level of concerns.
- **Doctor appointment attended in the last six months**: Select the level of appointments attended.

CD4 Count and Viral Load Test Results

This window will show any CD4 and/or Viral Load test results that have been entered for this client. You can also enter test results from this screen. To add a Test Result simply click on the Add Test Result button. A screen will appear similar to the one shown below:



Fill out the fields as appropriate:

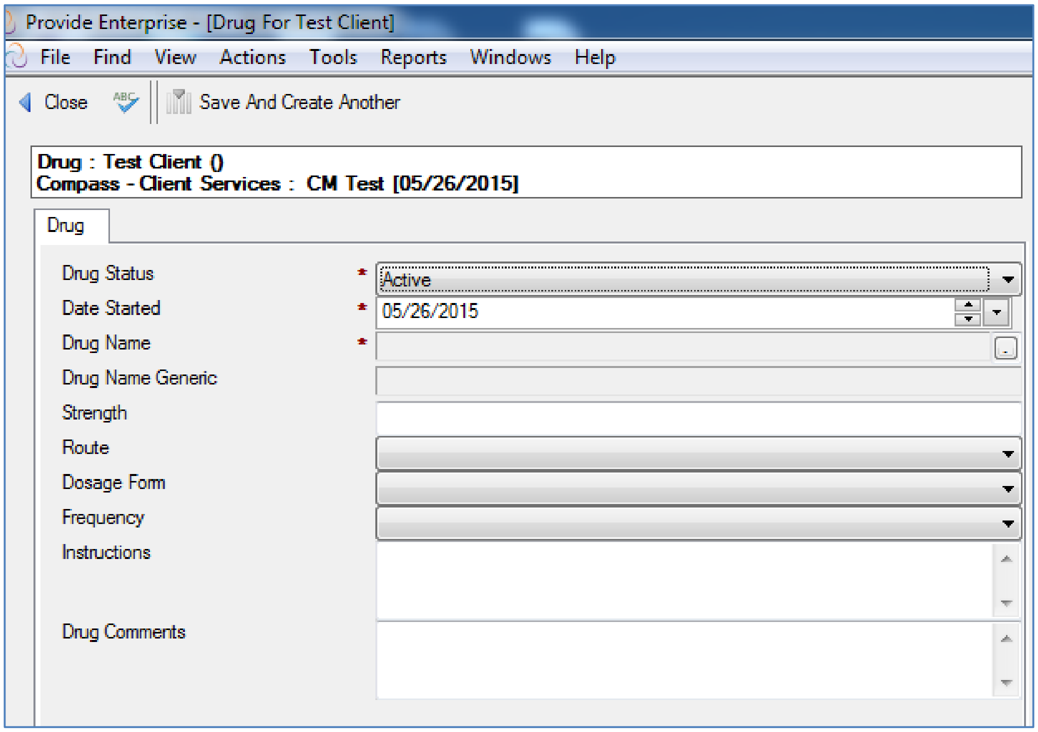
- **Test Name:** In this field simply enter the Test Name. This can be found by clicking on the button and searching in the appropriate fields.
- **Test Date:** Enter the date the test was completed.
- **Test Result Status:** Enter the status of the test result. Typically this will be "Final".
- **Test Result:** Enter or select the result.
- **Test Result Modifier:** For most results, you will set this to "=", except in the case of HIV Viral Loads that are undetectable. In these situations, the Modifier would be set to "<" and the "Rest Result" would be set to the lowest number of copies used by the physician.
- **Test Facility:** In this field enter the Test Facility where the Testing was conducted. Simply click on the button to search for the facility.
- **Test Completed By:** In this field enter who the Test was Completed By. Simply click on the button to search for the person who completed the test.
- **Test Results Comments –** In this field enter any additional comments on the Test Results.
- **Attachment Tab –** Scan or attach the test results. Directions on how to "Create a Scan" can be found at the end of chapter 3 or at the end of chapter 5 in this manual.

To Save the Test Result click on the Close button. A screen will appear asking you if you would like to Save Your Changes. Click "Yes" to save your changes.

Current Drug Protocol

This window will show any Drug records that have been entered for this client. You can also enter drug records from this screen.

To add a drug click on the Add Drug button. A screen will appear similar to the one shown below:



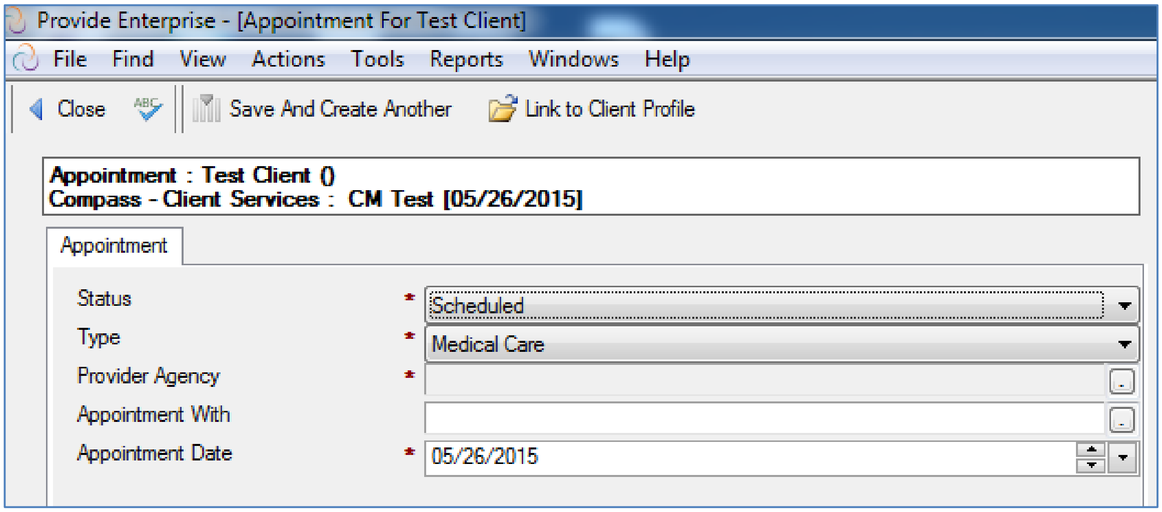
Fill out the fields as appropriate:

- **Drug Status -** Enter the Drug Status either Active or Inactive**.**
- **Drug Started -** In this field enter the date when the drug was started.
- **Drug Name -** Enter the name of the drug in this field. This can be found by simply clicking on the button and searching in the appropriate fields for the name.
- **Drug Name Generic -** This will be automatically filled out after you select the "Drug Name" above.
- **Strength -** Enter the strength of the drug in this field.
- **Route -** Enter the Route.
- **Dosage Form -** Enter the Dosage Form.
- **Frequency -** Select the frequency.
- **Instructions –** In this field enter instructions on how to take the drug.
- **Drug Comments -** Document any other comments related to this drug.

To save the record, click on the Close button. A screen will appear asking you if you would like to Save Your Changes. Simply click Yes to save the record.

Recent Medical Appointments

This window will show all existing Medical appointment records. To add an Appointment, simply click on the Add Appointment button. A screen will appear similar to the one shown below:

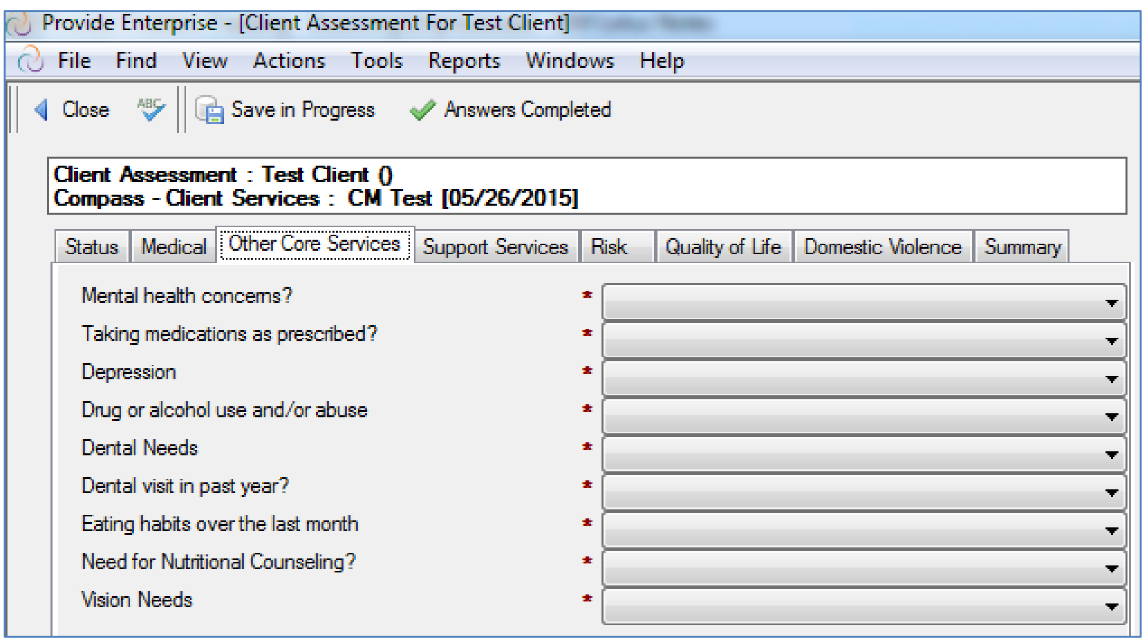


Fill out the fields as appropriate:

- **Status -** In this field enter whether the Status is Scheduled, Kept, Missed, or Rescheduled.
- **Type -** Select the appointment type
- **Provider Agency -** Select the agency the appointment is scheduled with.
- **Appointment With –** In this field enter who the Appointment is with. Simply click on the [...] button to search for the appropriate answer.
- **Appointment Date –** Enter the Appointment Date in this field.

To save the Appointment, click on the [Close] button. A screen will appear asking you if you would like to Save Your Changes. Simply click Yes to save your changes.

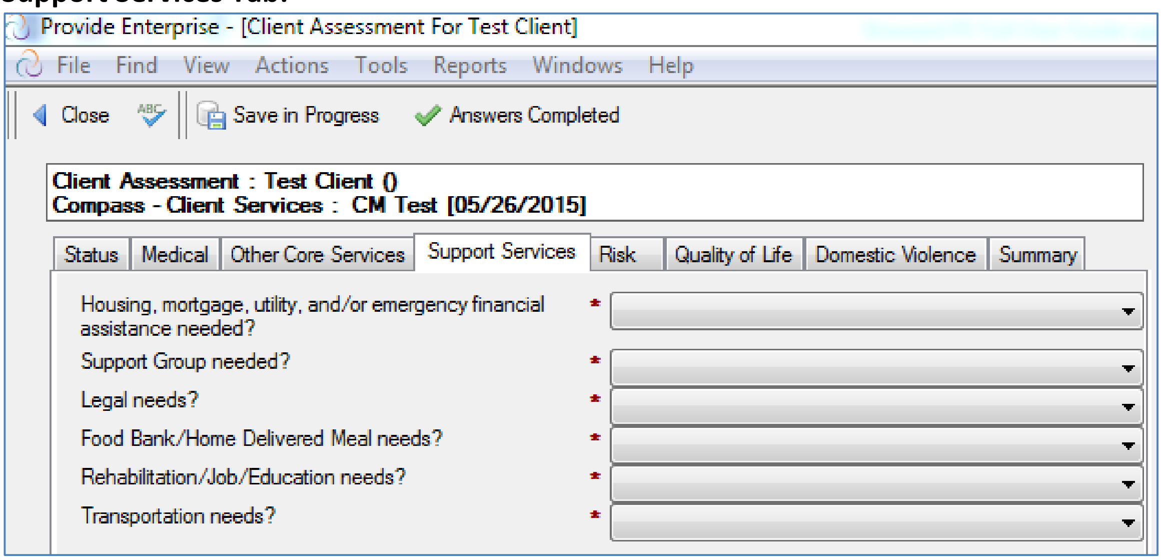
Other Core Services Tab:



NOTE: All fields marked with a red (*) are required. Fill out the fields as appropriate:

- **Mental Health Concerns -** In this field enter if the client has any Mental Health Concerns.
- **Taking Medications as Prescribed -** In this field enter if the client is taking medications as prescribed.
- **Depression -** Select the client's self-identified level of depressive feelings.
- **Drug or Alcohol Use and/or Abuse -**Document if the client has any Drug or Alcohol use and/or abuse.
- **Dental Needs -** Select whether or not the client has any dental needs.
- **Dental Visits in Past Year -**Enter if the client has had a dental appointment in the past year.
- **Eating Habits Over the Last Month -** Enter the client's eating habits over the last month.
- **Need for Nutritional Counseling -** Select whether or not the client has a need for nutritional innervation.
- **Vision Needs -** Document if the client has vision needs or not.

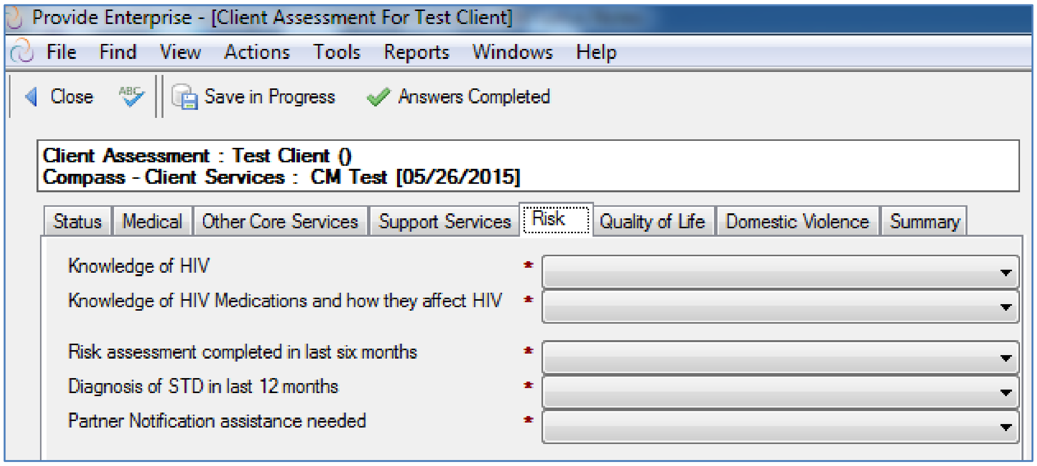
Support Services Tab:



Fill out the fields as appropriate:

- **Housing, Mortgage, Utility, and/or Emergency Financial Assistance Needed -** Document whether or not the client needs financial or housing related assistance.
- **Support Group Needed -** Document if the client needs a support group.
- **Legal Needs -** Document the client's need for legal services.
- **Food Bank/Home Delivered Meal Needs -** Select the client's need of food bank or home delivered meals.
- **Rehabilitation/Job/Education Needs -** Document the client's need for rehabilitation or vocational services.
- **Transportation Needs -** Document if the client has any Transportation Needs.

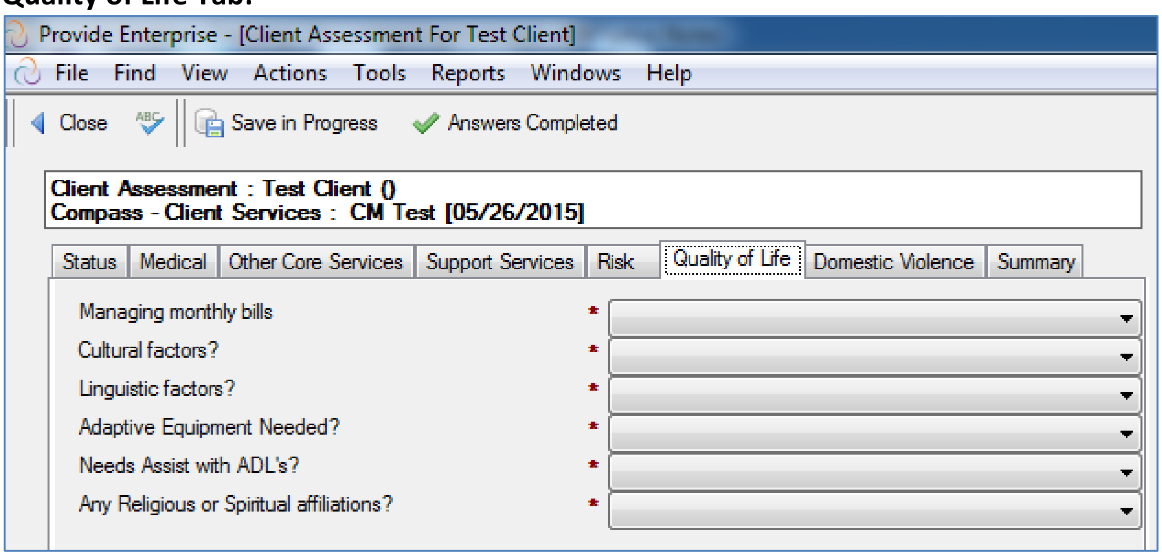
Risk Tab:



Fill out the fields as appropriate:

- **Knowledge of HIV -** Document the client's understanding of HIV Disease.
- **Knowledge of HIV Medications and how they affect HIV -** Enter the client's understanding of HIV Medications and how they affect HIV.
- **Risk Assessment completed in last six months -** Document whether or not the client has had a risk assessment completed in the last six months.
- **Diagnosis of STD in last 12 months -** Document if the client has received a diagnosis of an STD in the last year.
- **Partner Notification assistance needed -** Enter if the client needs assistance with partner notification services.

Quality of Life Tab:

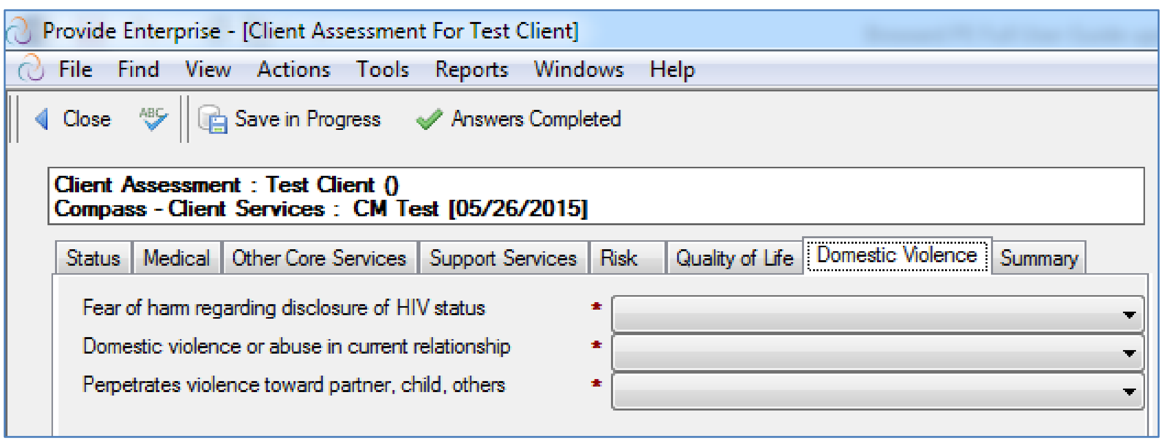


Fill out the fields as appropriate:

- **Managing Monthly Bills -** Enter if the client is able to manage their monthly bills without assistance.

- **Cultural Factors -** Document whether or not the client has cultural factors that may impact their care.
- **Culture Identified With -** This field will only show if "Cultural Factors" is set to "Cultural barriers to accessing services". Enter information related to the culture the client identifies with.
- **Linguistic Factor -** Document whether or not the client has linguistic factors that may impact their care.
- **Needs Interpreter** - This field only shows if "Linguistic Factors" is set to "Language barriers to accessing services." Select whether the client needs an interpreter when obtaining care.
- **Which to you prefer to write? -** This field only shows if "Linguistic Factors" is set to "Language barriers to accessing services." Document the language in which the client prefers to write.
- **Which do you prefer to read? -** This field only shows if "Linguistic Factors" is set to "Language barriers to accessing services". Document the language in which the client prefers to write.
- **Adaptive Equipment Needed -** Document the client's need for adaptive equipment.
- **Needs Assist with ADL -** Select whether or not the client needs assistance completing their activities of daily living.
- **Any Religious or Spiritual affiliations? -** Select whether or not the client any religious or spiritual affiliations.

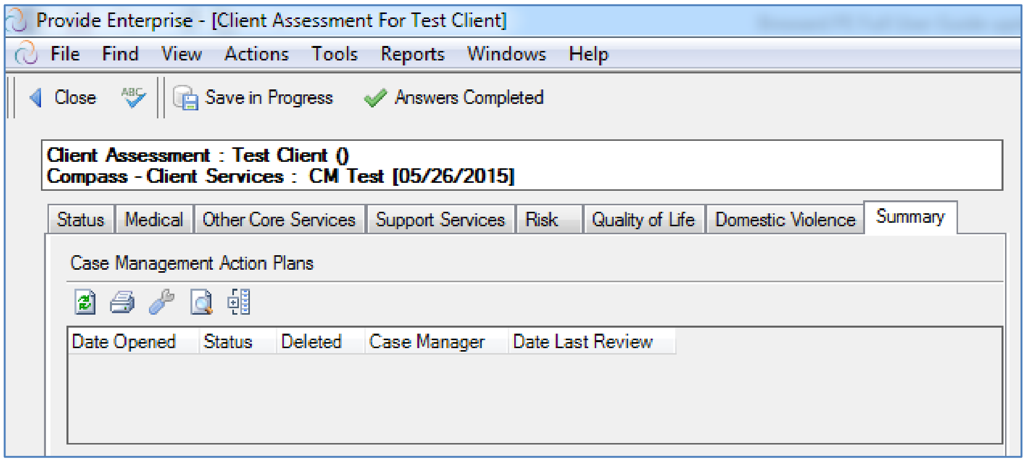
Domestic Violence Tab:



Fill out the fields as appropriate:

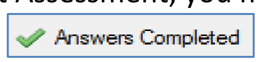
- **Fear of harm regarding disclosure of HIV status -** Document whether or not the client fears actual harm when disclosing their HIV status.
- **Domestic Violence or Abuse in Current Relationship -** Select if the client is currently in a violent or abusive relationship.
- **Perpetrates Violence Toward Partner, Child, Others -** Document if the client is a perpetrator of violence.

Summary Tab:



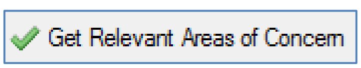
This will provide you a summary of actions plans.

Answers Completed:

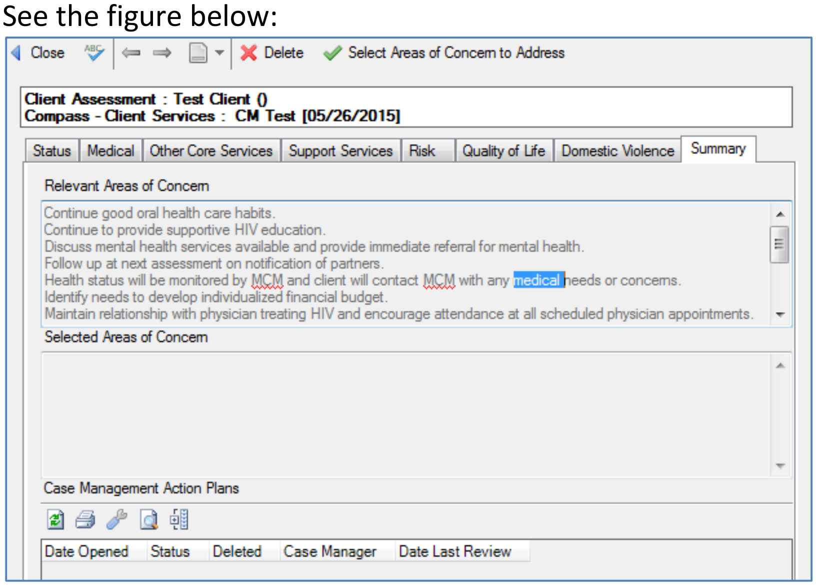
After answering ALL questions in the Client Assessment, you must document that you have done so. This is done by clicking the 

button. Once this is done, you will not be allowed to edit the Client Assessment.

Get Relevant Areas of Concern:

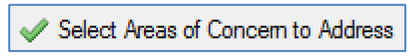
The 

button can be used to evaluate the client assessment for areas that may be of concern for the client and case manager. Click this button to find the areas based on assessment answers, appear to be of concern for the client. This will place the values in the appropriate field on the Summary Tab of your Client Assessment. See the figure below:

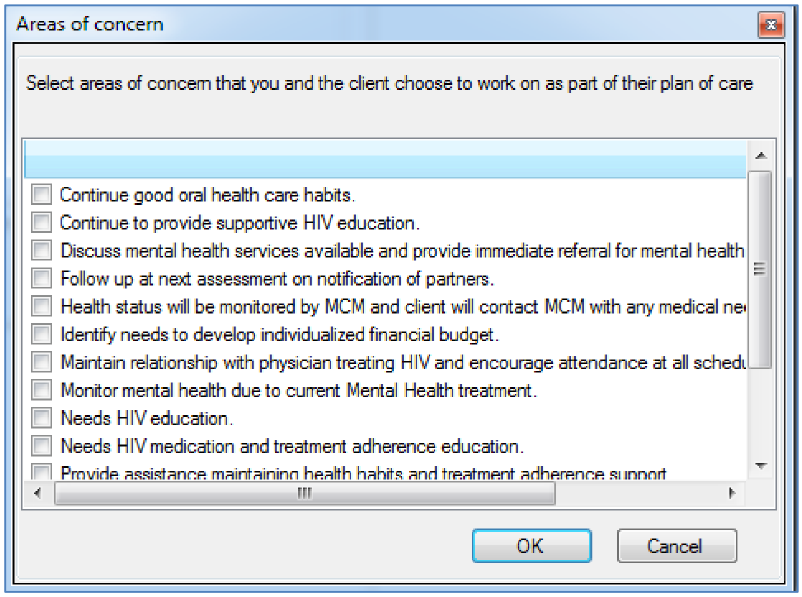


Select Areas of Concern

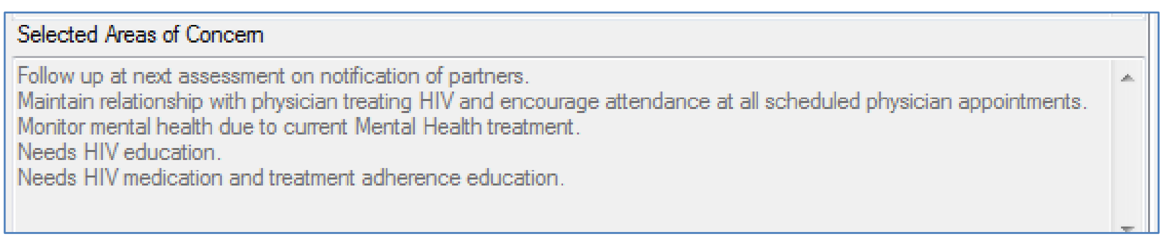
Once your assessment has been evaluated for the "Areas of concern" relevant for your client, you can select which areas will be addressed as part of the client's plan of care.

To select the "Areas of Concern" simply click on the 

button. A screen will appear similar to the one shown below:

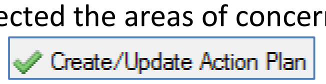


Select the "areas of concern" that will be addressed with the client. Simply click in the box to the left of the fields that apply and then select the OK button. The Summary Tab screen will now appear similar to the one shown below:

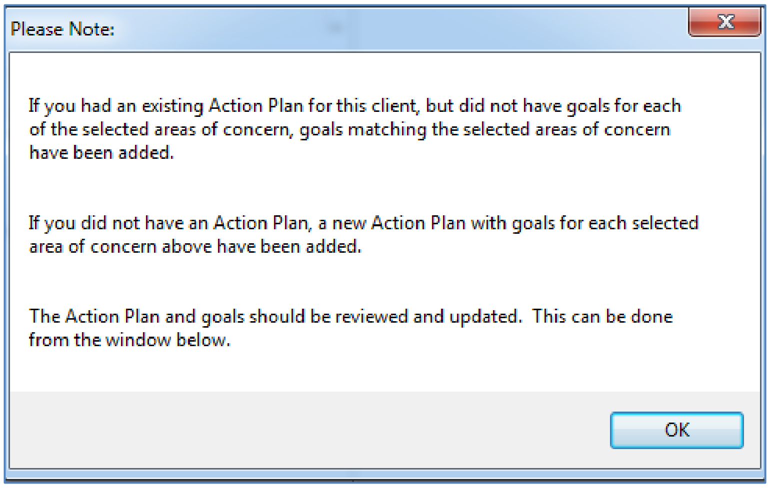


Create/Update Action Plan

Once you have selected the areas of concern, you can create or update the action plan.

Simply click on the 

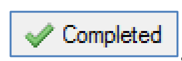
button. A screen will appear similar to the one shown below:



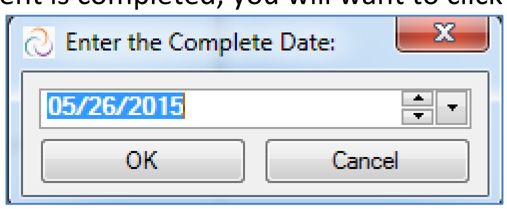
If the client is a new client that does not have an existing Action Plan, one will be created. Action Plan Goals will be created for each of the "Areas of Concern" selected above.

If the client has an existing Action Plan, but does not have goals for the "Areas of Concern" selected above, new goals will be created. If they currently have existing goals of the same type, no change to the Action Plan or Action Plan Goals will be made.

NOTE: Each goal needs to be "Edited" to update and include further detail, including the "Target Resolution Date" and the specific Interventions for that goal.

When the client assessment is completed, you will want to click on 

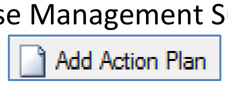
.



Enter the completion date. The client assessment will then be completed.

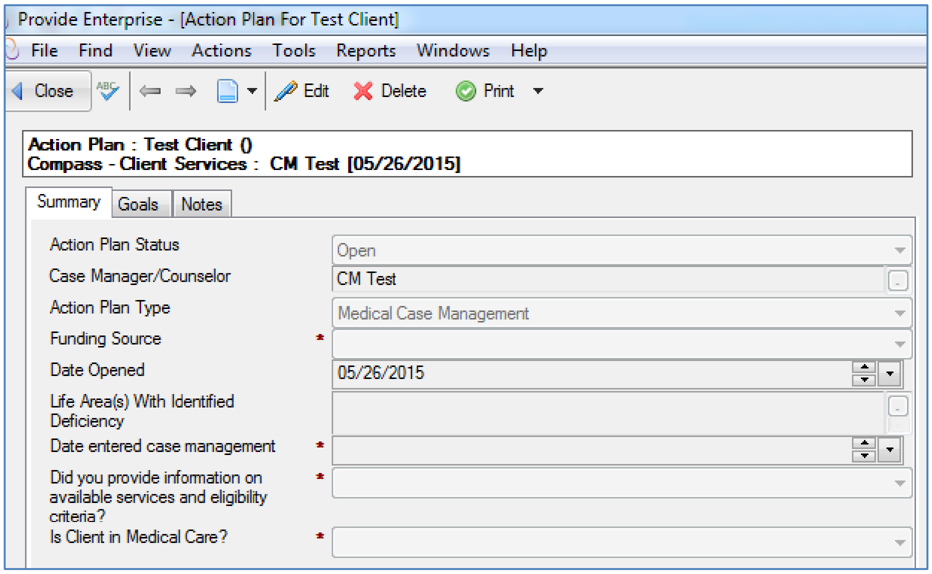
Action Plans:

The Action Plan is used to document the Plan of Care for your client. It contains the specific goals that the client and Case Manager will work towards while the client is being case managed. To create an Action Plan (or to view the existing Action Plan), follow these steps: From the "Case Management Summary" view, click on the second tab "Actions Plans."

Then, click on 

to add an action plan.

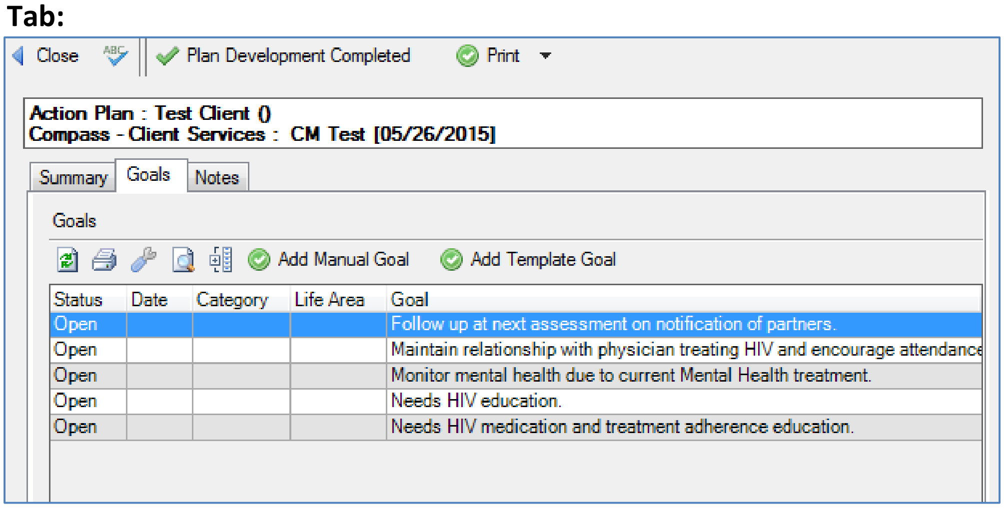
Summary Tab:



Fill out the fields as appropriate:

- **Action Plan Status -** This will be “Open” or “Closed” (when action plan is closed).
- **Case Manager/Counselor -** This will default you, but another provider can be selected.
- **Funding Source –** Select the funding source.
- **Date Open –** Select the date the action plan was opened.
- **Action Plan Type –** This will default to your action plan type.
- **Life Areas With Identified Deficiency –** Select the life area or areas in which the client is experiencing difficulties.
- **Date Entered case management:** Enter the date the client entered Case Management services.
- **Did you provide information on available services and eligibility criteria? -** Select “Yes” or “No.”
- **Is Client in Medical Care**: Select whether or not the client is receiving medical care.

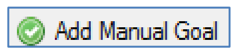
Goals Tab:



The list of goals will be listed on the "Goals" tab. You can create additional manual or template goals.

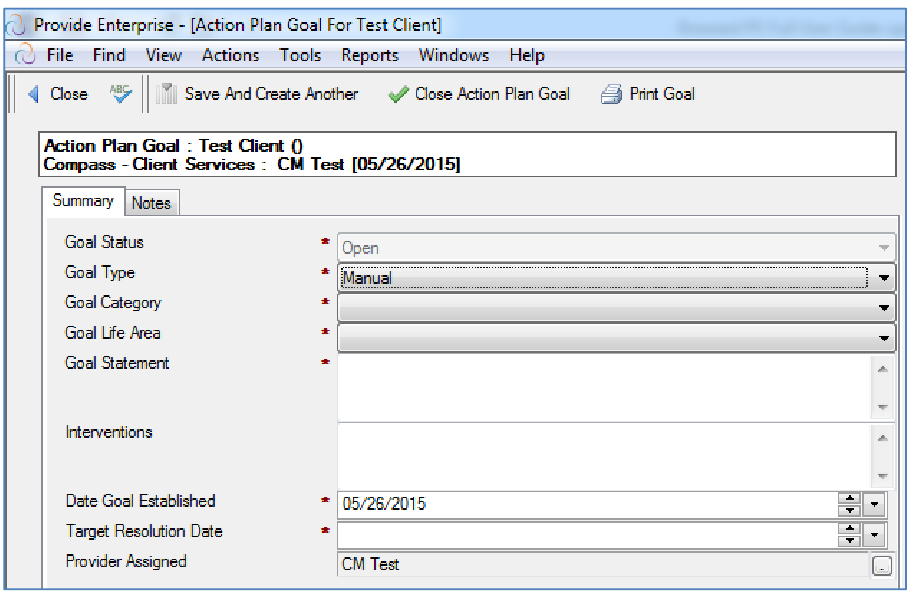
Adding Manual Goals to an Action Plan:

Provide® Enterprise allows you to create "Manual" Goals to associate with a client's Action Plan. Manual Goals are ones that you and the client develop to work on together. These are different from the "Template" Goals which will be developed by a workgroup of Case Management providers and will be available for all Case Managers to add to their Action Plans (the workgroup is working on this in the near future). To create a "Manual" Goal, follow these steps:

- While in the Action Plan, click the 

button. The Action Plan Goal form, similar to that below, will appear on your screen. You will notice that the Action Plan Goal contains two tabs: Summary and Notes.

Summary Tab of Plan Goal:

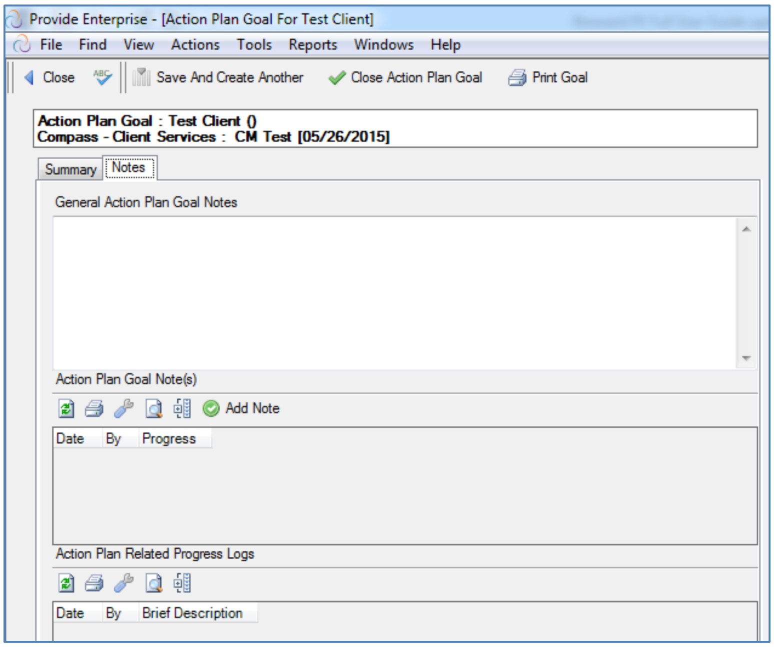


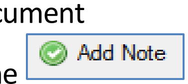
Fill out the fields as appropriate:

- **Goal Status -** Automatically set to "Open"
- **Goal Type -** Automatically set to "Manual".
- **Goal Category -** Select the category that matches the goal that you are adding to the Action Plan (Access, Adherence or Retention).
- **Goal Life Area -** Select the life area that this goal most closely relates to.
- **Goal Statement -** Enter a brief summary describing the goal.
- **Interventions -** Type in the specific interventions that will be followed in working towards meeting this goal.

- **Date Goal Established -** Defaults to the current date, but can be changed if you developed the plan with the client on a previous date.
- **Target Resolution Date -** Enter the date that you hope to have resolved the goal by.
- **Provider Assigned -** Defaults to your name.

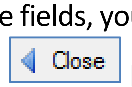
Notes Tab:

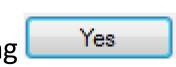


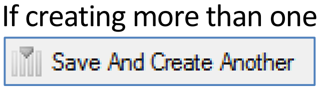
General Action Plan Goal Notes - Enter any notes related to this goal that you wish.
Action Plan Goal Notes - This window allows you to create specific notes related to this goal at the time the goal is opened, when a goal is closed or when you want to document Progress towards the goal. To enter an Action Plan Goal Notes, simply click the 

button. The form will appear on your screen. Fill out the fields as appropriate, including the "Review Date", "Current Progress" and the appropriate "Notes."

Action Plan Related Progress Logs: This window will show all Progress Logs that have had this specific goal linked to it.

- After filling out all appropriate fields, you can save this record and return to the Action Plan by clicking on the 

button and saying 

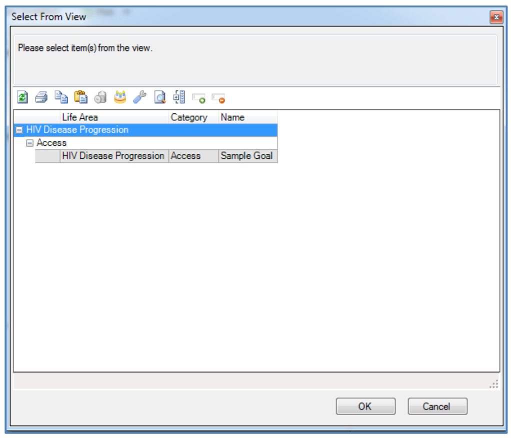
to the "Want to Save Your Changes" message.
- If creating more than one "Manual" Goal, you can click on the 

button. This will save and close the current record and bring up a brand new Action Plan Goal record for you to fill out.

Adding Template Goals to an Action Plan:

Provide® Enterprise allows your community to create "Template" Goals to associate with a client's Action Plan. These are suggested goals that can be integrated into a client's Action Plan. Basically, when you add a Template Goal to your Action Plan, you do not need to re-write many of the fields within the Action Plan Goal, as they will be automatically filled-in based on the information within the Template Goal. Currently, the Case Management Workgroup is working on creating these goals for Broward County Case Managers to use. They will be available in the near future. To add a "Template" Goal, follow these steps:

- While in the Action Plan, click the Add Template Goal button. The template selector will open, similar to that in the figure below:



- Click on next to the applicable Life Areas to expand the view and show the Categories of goals that are available to be selected. Click on the next to the "name" of the goal that you wish to add to your Action Plan and click on the OK button.
- The goal will be added to your Action Plan. Clicking the Refresh button ( ) will refresh the embedded view of the goals and you will see the "Template" Goal appear.
- If you wish to edit the goal, simply double click on the goal, click the Edit button and make any necessary changes.

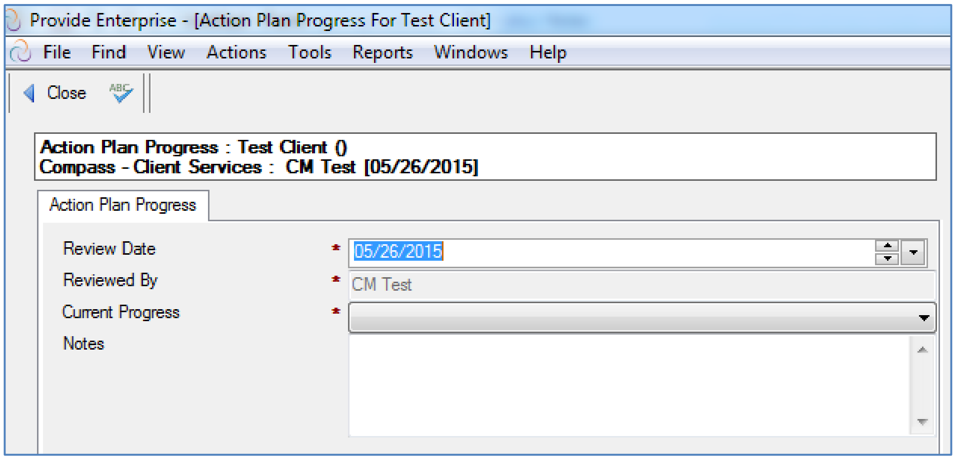
Notes Tab:

- The Notes tab of the Action Plan holds information related to the overall General Action Plan, as well as Action Plan Progress Notes related to the plan. Simply type any general notes in the "General Action Plan Notes" section.

Action Plan Progress Notes:

- Action Plan Progress Notes are meant to be used to document progress towards meeting the goals that make up the Action Plan.

- To create an Action Plan Progress Note, simply click on the Add Note button. The Action Plan Progress Note, similar to that in the figure below will appear:



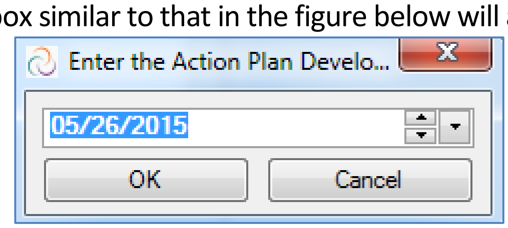
Fill out the fields as appropriate:

- **Review Date -** Enter the Date of the Review of the plan.
- **Reviewed By -** This field will default to your name.
- **Current Progress -** Select the reason this note is being entered.
- **Notes:** Enter any notes related to this Action Plan Progress Note, such as why the goal is being opened, closed or specific progress has been made towards meeting the goal.

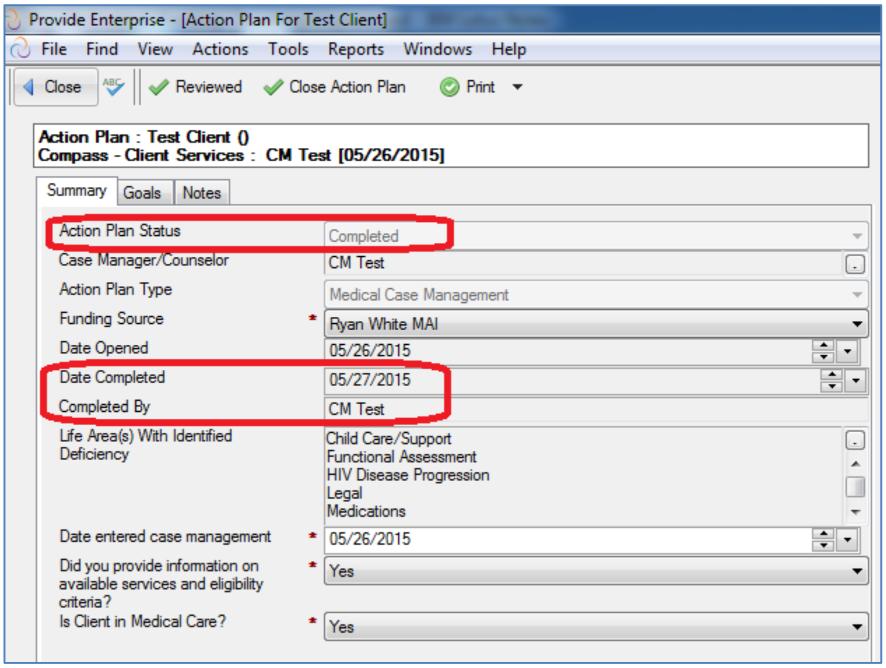
Completing the Action Plan:

Once you have added applicable goals to your Action Plan, it is important to mark the plan as Completed with the client. Changing the status of the Action Plan is important because it will be used in reporting and auditing. To Complete the Action Plan, follow the steps below:

- From within the Action Plan, click on the Plan Development Completed button on the Action bar. A dialog box similar to that in the figure below will appear:

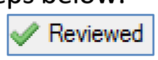


- Enter or Select the Date that the Action Plan was completed with your client and click on the OK button. The Action Plan will refresh, with the "Action Plan Status" changing to "Completed" and the "Date Completed" and "Completed By" fields being populated (seen in the figure below):

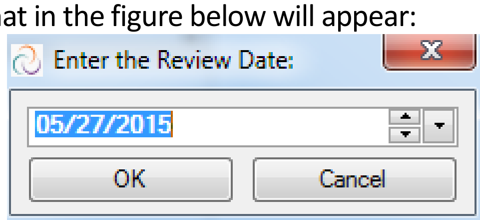


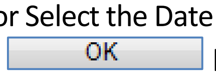
Reviewing the Action Plan:

Once the Action Plan has been marked as Completed, you will be available to "Review" the Action Plan at any time. Marking the Action Plan as Reviewed is certifying that you have reviewed the plan with your client and made any adjustments and updates necessary. To mark the Action Plan as Reviewed, follow the steps below:

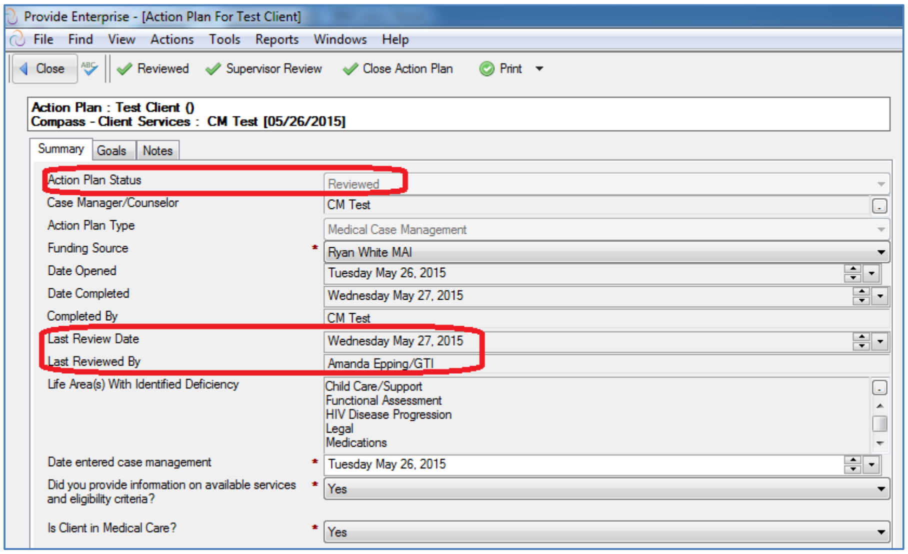
- From within the Action Plan, click on the 

 button on the Action bar. A dialog box similar to that in the figure below will appear:



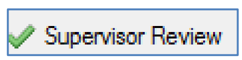
- Enter or Select the Date that the Action Plan was reviewed with your client and click on the 

 button. The Action Plan will refresh with the "Action Plan Status" changing to "Reviewed" and the "Last CM Review Date" and "Last CM Reviewed By" fields being populated (seen in the figure below):

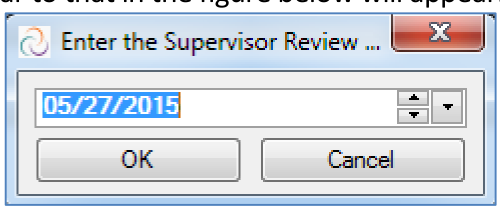


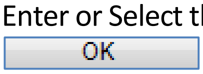
Supervisor Review of the Action Plan:

Once the Action Plan has been marked as Completed, the Supervisor will be available to document their review of the Action Plan. To mark the Action Plan as having been reviewed by the supervisor, follow the steps below:

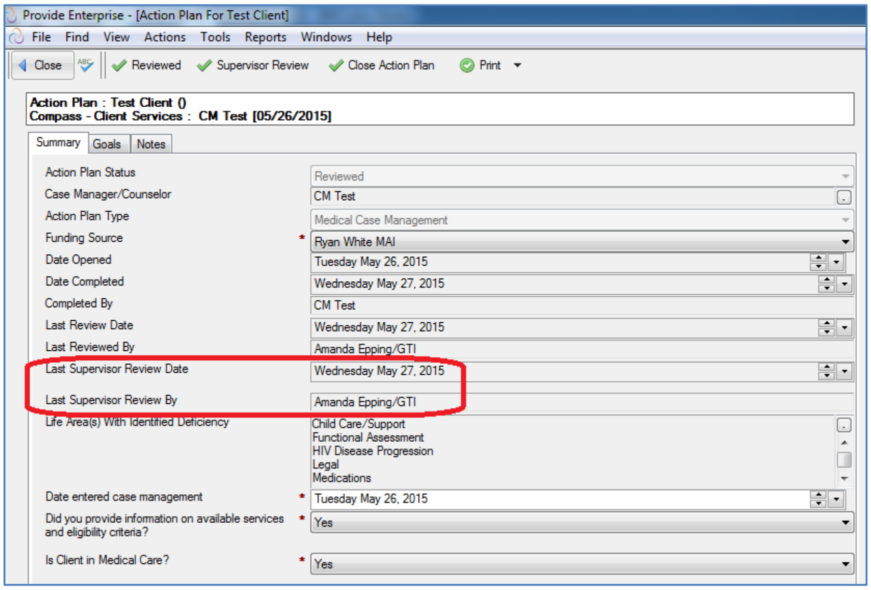
- From within the Action Plan, click on the 

button on the Action bar. A dialog box similar to that in the figure below will appear:



- Enter or Select the Date that the Supervisor reviewed the Action Plan and click on the 

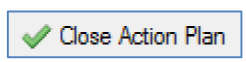
button. The Action Plan will refresh and the “Last Supervisor Review Date” and “Last Supervisor Reviewed By” fields being populated (seen in the figure below):



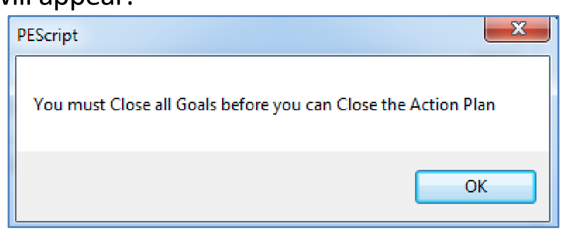
NOTE: Only users set up with Supervisory level access will be able to see and use the "Supervisor Review" button.

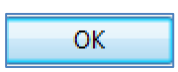
Closing the Action Plan:

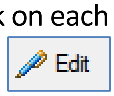
The Action Plan should only be closed when the client is being discharged from your service and/or if the client is being transferred to another agency. To close the Action Plan, follow the steps below:

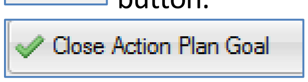
- From within the Action Plan, click on the 

button on the Action bar. If you have not yet closed your Action Plan Goals, a dialog box similar to that in the figure below will appear:



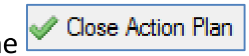
- If this occurs, click on the 

button to return to the Action Plan.
- Double click on each Open Action Plan Goal.
- Click on the 

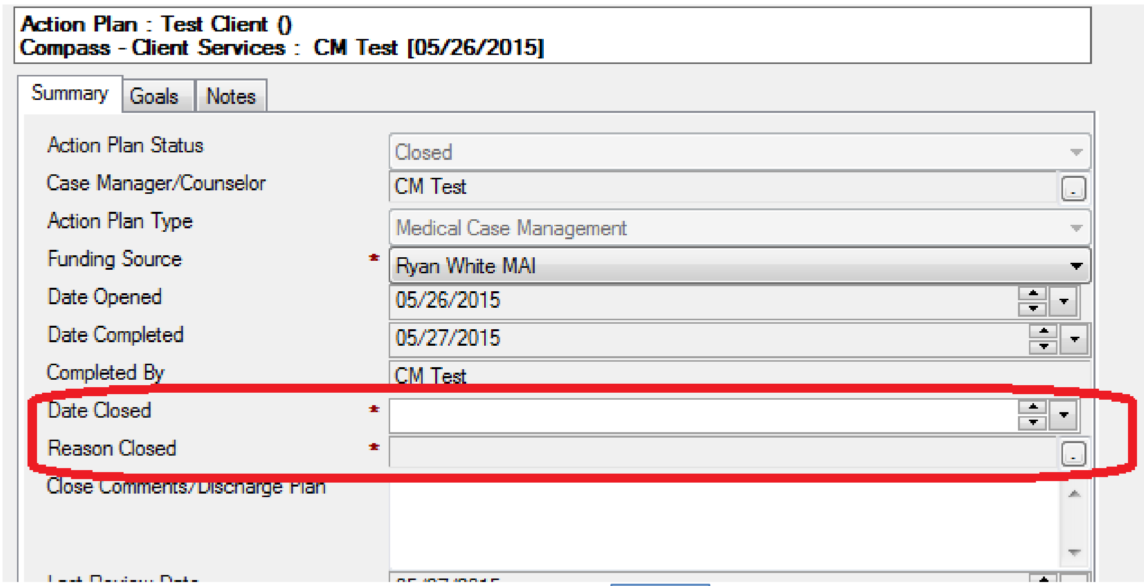
button.
- Click on the 

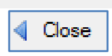
button. The goal will be closed and three additional fields will appear:
  - **Actual Resolution Date:** Enter the date the goal is being closed.
  - **Outcome Measure:** Enter the reason the goal is being closed.

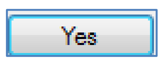
- **Outcome Comments:** Enter any comments relative to why the goal is being closed.

- Once all Open Action Plan Goals have been Closed, click on the 

button on the Action bar.
- Two additional fields will appear:
  - **Date Closed:** Enter the date the Action Plan is being closed.
  - **Reason Closed:** Enter the reason that the Action Plan is being closed.



- After filling out the record, click on the 

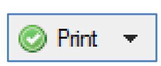
button. You will be prompted to save your changes. Click on the 

button to save your changes and return to the View Case Management Activity form.

Updating the Action Plan:

Any time you need to update the Action Plan, double click on the action plan and click on "Edit."

Printing the Action Plan:

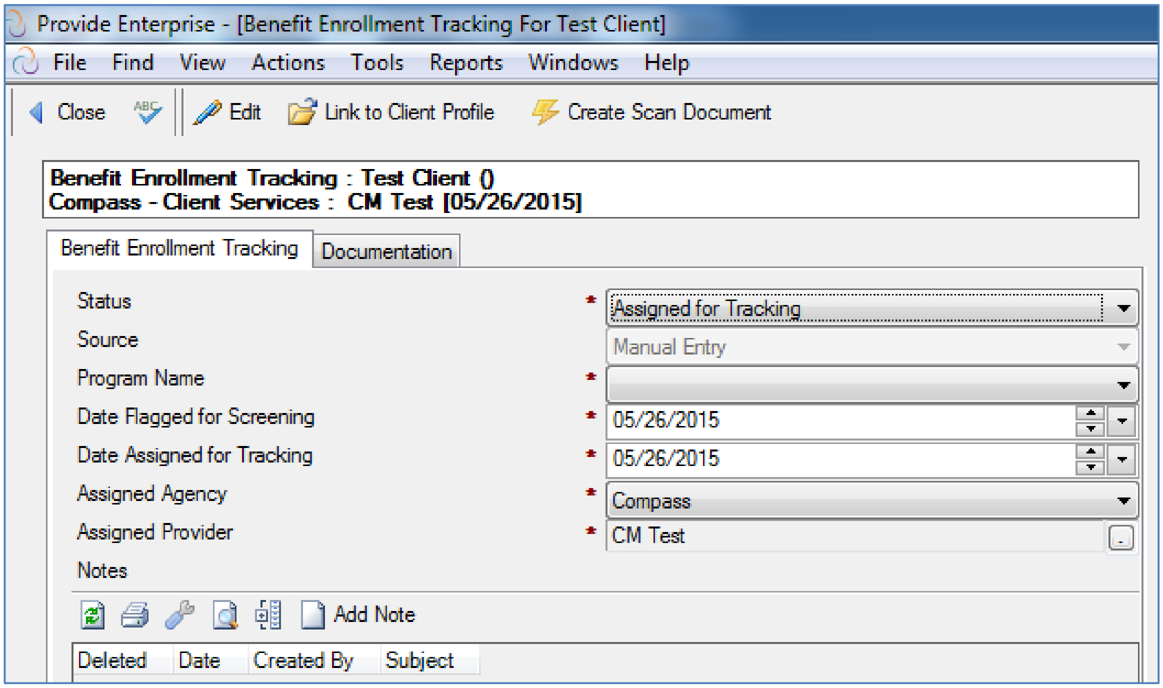
To print the Action Plan, simply click on the 

button in the plan. You can then select whether you wish to print the "Active Plan" which will print only open goals or the "Entire Plan" which will print all goals associated with this plan. The print out will open on your screen where it can be printed for the client to sign.

Benefit Enrollment Tracking:

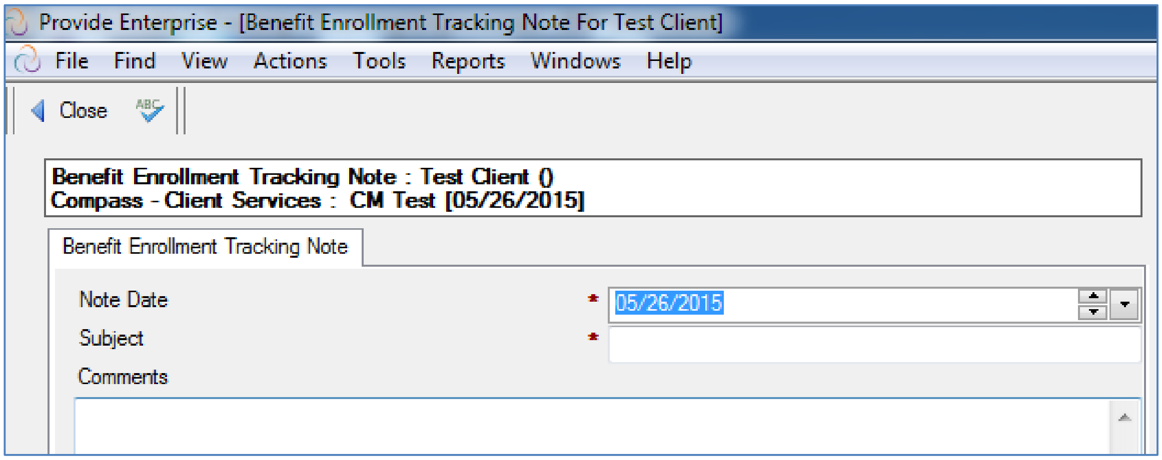
This form is used to track efforts made by Medical Case Managers to help Clients get enrolled in other benefit programs.

To create or update a benefit enrollment tracking record, go to the Client Profile, on the Health Benefits – Other Benefits tab and click on Add Benefit Enrollment Tracking Record.



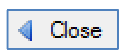
Fill out the fields as appropriate:

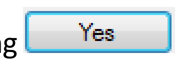
- **Status -** Select the status.
- **Source -** This will default to manual entry.
- **Program Name -** Select the program name.
- **Date Flagged for Screening -** Enter the date the client was flagged for screening.
- **Date Assigned for Tracking –** Enter the date the client was assigned for tracking.
- **Assigned Agency –** Select the assigned agency
- **Assigned Provider –** Select the assigned provider.
- **Next Client Follow-up date** – Enter a follow-up date.
- **Is Client Marketplace Eligible**? Select “Yes,” “No,” “Unknown.”
- **Add Note –** You can add a benefit enrollment tracking note by clicking on Add Note.



Fill out the fields as appropriate:

- **Note Date –** Enter the date of the note.
- **Subject –** Enter the subject.
- **Comments –** Enter the text of the note.

  After filling out all appropriate fields, you can save the note and return to the benefit enrollment tracking by clicking on the 

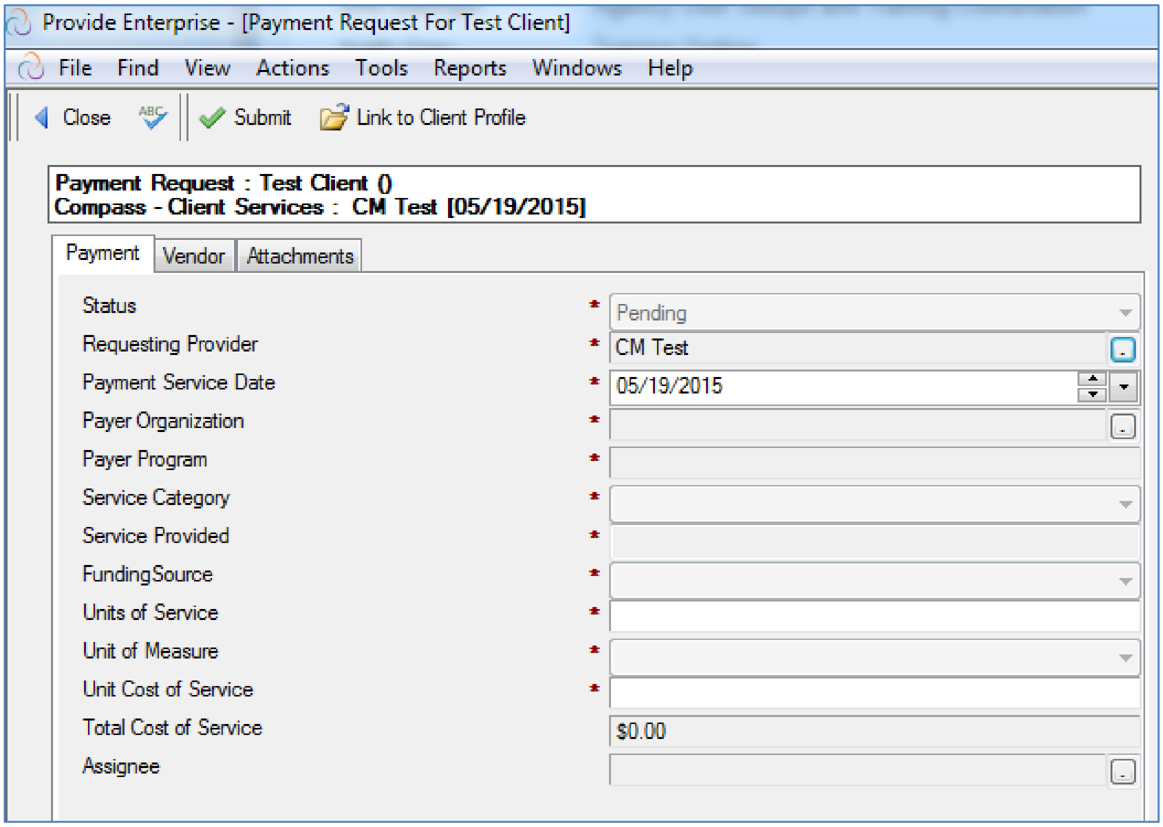
button and saying 

to the “Want to Save Your Changes” message.

Payment Request:

This form can be used to request that a payment be made on behalf of a Client. A Provide User can submit a Payment Request within their agency or to another agency. For example, a Medical Case Manager at one agency may submit a Payment Request to another agency for a service that the MCM agency does not offer.

To create a service provided, under create click on “Payment Request.”



Fill in the appropriate fields:

- **Status –** This will default to "Pending" until it is submitted.
- **Requesting Provider -** This will default to you or you can select the referring person.
- **Payment Service Date –** Enter the service date.
- **Payer Organization –** Select the payer organization
- **Service Category, Service Provided, Funding Source, Unites of Service, Unit of Measure –** These will all populate when payer organization is selected.
- **Unit cost of Service –** Enter the unit cost
- **Total Cost of Service** - This will be computed and automatically populate.
- **Assignee –** If an assignee, select the assignee.

Chapter

9

Ambulatory Outpatient Medical Case Management Providers

This chapter outlines the tasks that need to be completed by Ambulatory Outpatient Medical Case Management Providers in Provide® Enterprise to meet all billing and reporting requirements. Over time, the data elements outlined in this Chapter must also be kept current as things change for the client.

Client Profile

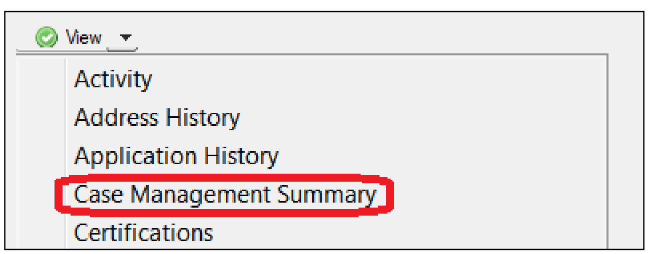
Within the Client Profile, it is important to keep all information updated as the client's life situation changes.

Medical Summary

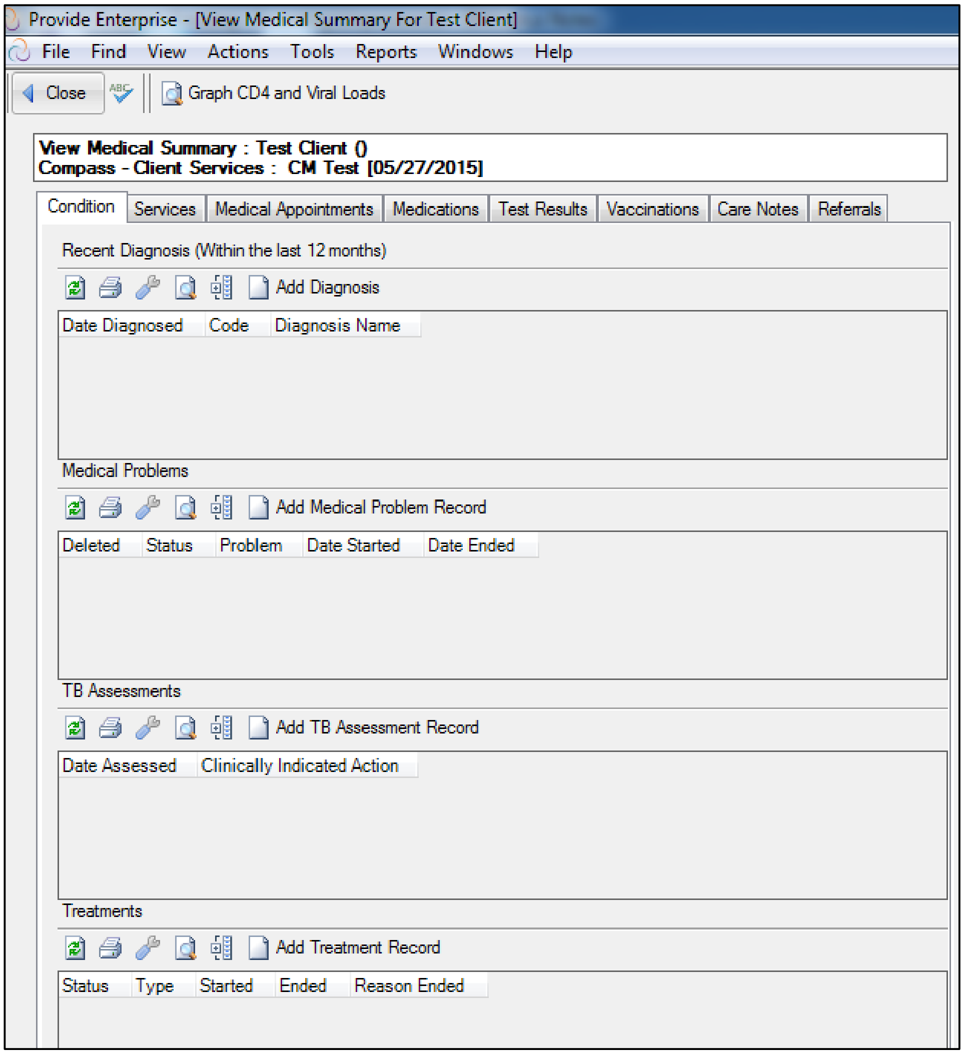
Much of the data related to the client's Medical Care can be found in the Medical Summary

To navigate to the Medical Summary, follow the steps below:

- Navigate to the Client Profile. Once in the Profile, select the "View" button and then choose "Medical Summary".



- A form similar to that in the figure below will open:



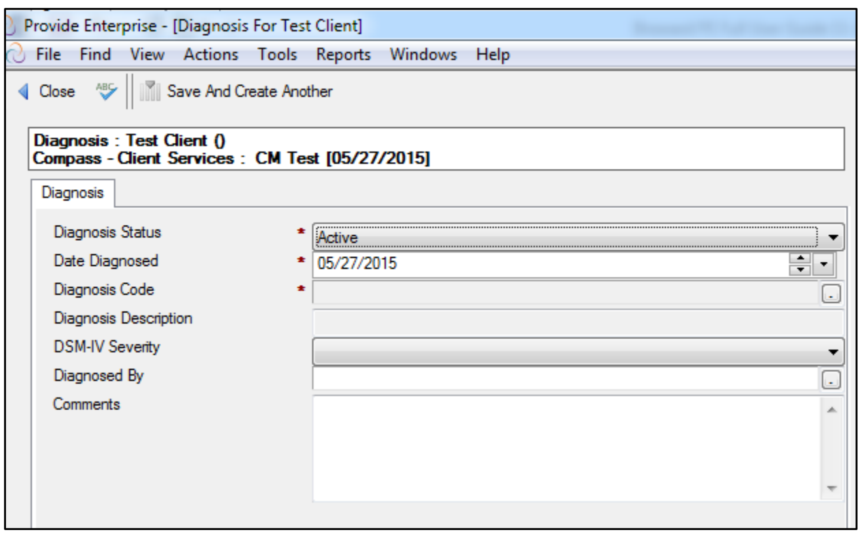
- The Medical Summary contains eight tabs of information, described below:
  - **Condition -** The Condition tab collects information related to the client's diagnosis, medical problems, treatment and annual TB Assessments.
  - **Services -** This tab holds information regarding services provided to the client, including Care Actions, Service Provided, and Procedure records. Care Actions and Services Provided can be created from this tab.
  - **Medical Appointments -** This tab list all medical appointments the client has in Provide and an appointment can be added on this tab.
  - **Medications -** The Medications tab holds information on the client's current drug protocol as well as prescriptions the client may have had filled and allergy records. Drug, Prescription, and Allergy records can be created from this tab.
  - **Test Results -** This tab displays all labs the client has had completed, including CD-4 and Viral Load counts. You can also create an individual Test Result or a Lab Panel from this tab.

- **Pregnancies -** This tab contains information related to when a client is pregnant. All pregnancies must be documented.
- **Vaccinations -** The vaccinations tab contains information regarding the client's vaccination for Hepatitis A, B, HPV, Influenza and Pneumonia.
- **Care Notes -** This section will show Medical Case Management, Peer Counseling, and Outreach related Progress Logs.
- **Referrals -** The Referrals tab of the Case Management Summary displays any referrals made for the client and also allows for creation of a Referral record. Special care referrals are also displayed and created on this tab,

Diagnosis

Diagnosis records are used to track medical diagnoses a client may have received. To create a Diagnosis record, follow the steps below:

- From within the Medical Summary, Conditions Tab, click on the Add Diagnosis button. The Diagnosis record, similar to that in the figure below, will open:



Fill out the fields as appropriate:

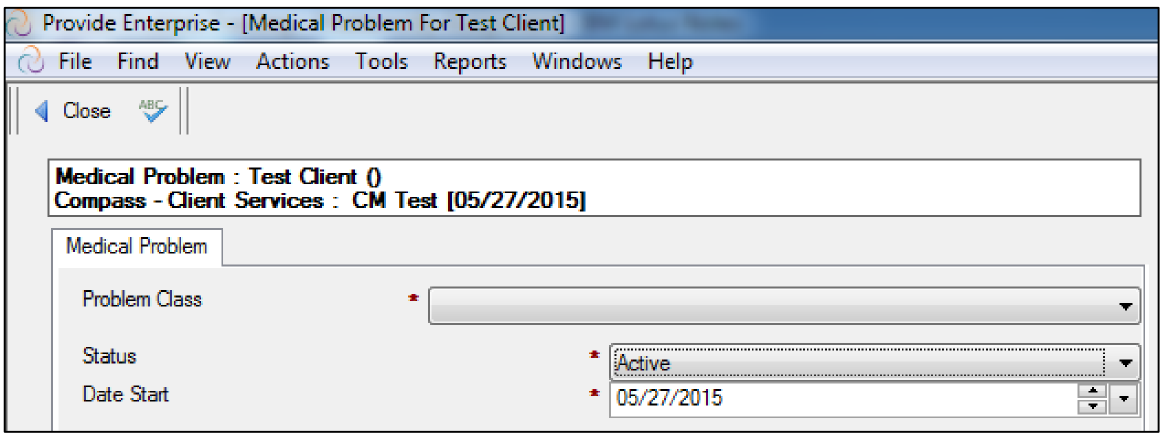
- **Diagnosis Status -** Select whether this diagnosis is Active or Inactive.
- **Date Diagnosed -** Enter the date the client was diagnosed with this condition.
- **Diagnosis End Date -** This field will only show if the "Diagnosis Status" is set to "Inactive." Enter the date the client no longer had an active diagnosis.
- **Diagnosis Code/Description -** Select the diagnosis code. This will fill in both the Diagnosis Code and the Diagnosis Description fields.
- **DSM-IV Severity** – Select the severity.
- **Diagnosed By -** Enter the name of the provider who diagnosed the client with this condition.
- **Comments –** Add any needed comments

- After filling out the record, click on the Close button. You will be prompted to save your changes. Click on the Yes button to save your changes and return to the View Medical Summary form.

Medical Problem

Medical problem records are used to track the client's medical problems using either generalized problem names or SNOMED problem list codes. To create a Medical Problem record, follow the steps below:

From within the Medical Summary, Condition Tab, click on the Add Medical Problem Record button. The Medical Problem record, similar to that in the figure below, will open



Fill out the fields as appropriate:

- **Problem Class -** Select the problem class.
- **Problem Name -** Select the problem name.
- **Snomed Code –** Select the snomed code.
- **Date Start -** Enter the start date of the medical problem.
- **End Date –** Enter the end date of the medical problem.

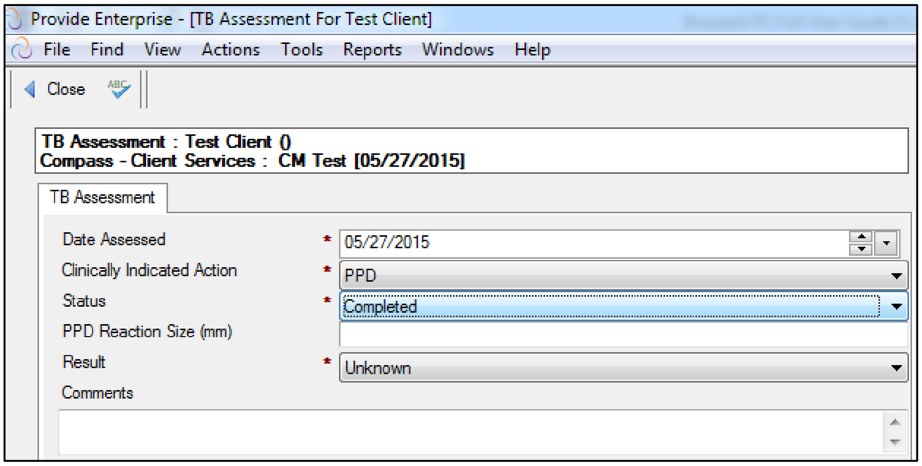
- After filling out the record, click on the Close button. You will be prompted to save your changes. Click on the Yes button to save your changes and return to the View Medical Summary form.

TB Assessment

This is documented within the TB Assessment record. To create a TB Assessment record, follow the steps below:

- From within the Medical Summary, Conditions Tab, click on the

Add TB Assessment Record button. The record, similar to that in the figure below, will open:



NOTE: Many of the fields shown in the figure will be hidden until certain fields are filled out (i.e. PPD Status, PPD Result, etc.).
Fill out the fields as appropriate:

- **Date Assessed -** Enter the date the client's TB status was assessed.
- **Clinically Indicated Action -** Select the action that was clinically indicated for this client.
- **PPD Reaction Size/PPD Result -** These fields will show only if the "PPD Status" is set to "Completed". Enter the reaction size and/or the result of the client's PPD skin test.
- **Chest X Ray Status -** This field will only show if the "PPD Result" is set to "Positive" or "Indeterminate." Enter the status of the client's Chest X-Ray.
- **TB Type -** This field will only show if the "Chest X Ray Status" is set to "Completed." Enter the type of Tuberculosis indicated by the client's Chest X-Ray.
- **TB Treatment Started/TB Treatment Ended -** These fields will only show if the "PPD Treatment" is set to "Started" or "Completed". Enter the applicable dates in these fields.
- **Treating Provider -** This field will only show if the "PPD Treatment" is set to "Started" or "Completed". Enter the provider who is treating the client for tuberculosis.

- After filling out the record, click on the Close button. You will be prompted to save your changes. Click on the Yes button to save your changes and return to the View Medical Summary form.

NOTE: Only 1 TB Assessment Record should be created annually. As a client moves through the screening and treatment process, you can update the existing TB Assessment record as needed.

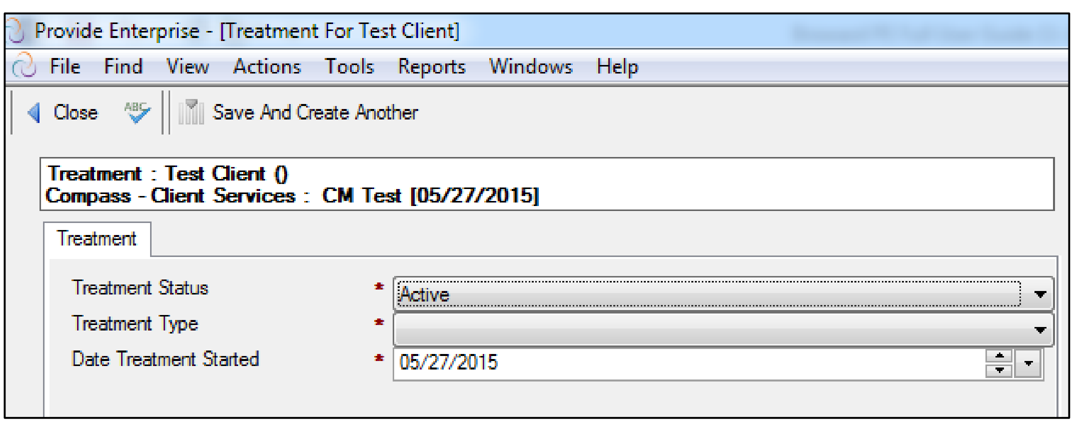
Treatment Record

This form is used to track when a client undergoes treatment for (or documents when it is determined that treatment is not clinically indicated) for key conditions that are monitored and reported on for HIV Care. Conditions are listed below:

- Chlamydia
- CMV
- Gonorrhea
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Herpes
- HPV
- MAC Prophylaxis
- PCP Prophylaxis
- Syphilis
- Toxo Prophylaxis

Documentation of treatment for these conditions is done within the Treatment record. To create a Treatment record, follow the steps below:

- From within the Medical Summary, Conditions Tab, click on the Add Treatment Record button. The record, similar to that in the figure below, will open:



Fill out the fields as appropriate:

- **Treatment Status -** Select whether or not the client is currently being treated for this condition.
- **Treatment Type -** Select the condition the client is receiving treatment for.

- **Date Treatment Started -** Enter the date the client started treatment for this condition.
- **Date Treatment Ended -** This field will only show if the "Treatment Status" is set to "Active". Enter the date the client's treatment for this condition ended.

- After filling out the record, click on the Close button. You will be prompted to save your changes. Click on the Yes button to save your changes and return to the Medical Summary form.

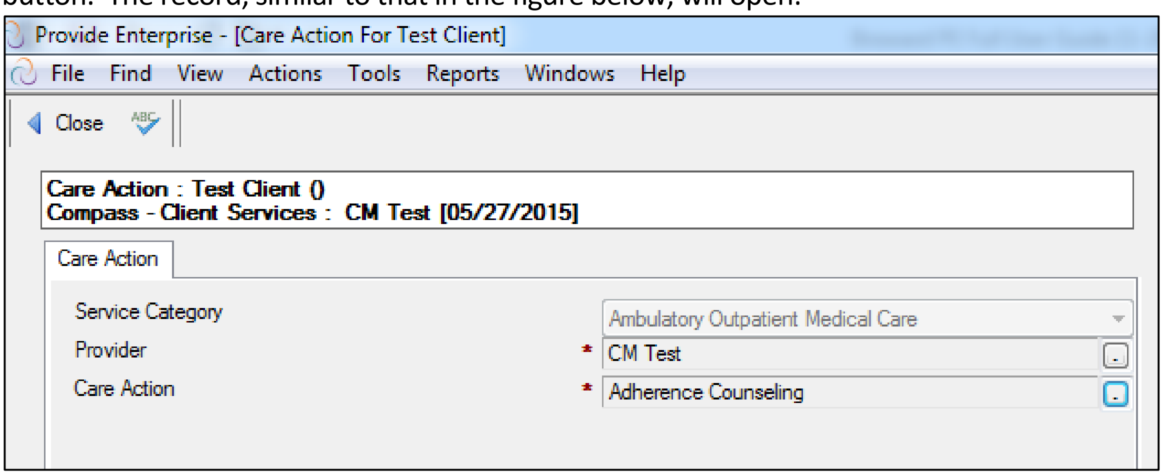
Care Action

This form is used to capture some specific clinical activities that are not typically captured as data points like in CPT-4 or HCPCS encoded Procedures. If a provider does capture them as Procedure records in their EMR with "custom" codes and can export them from the EMR and upload them to PE, the PE system can be set to recognize these codes and auto generate the Care Action records. These interventions may or may not have been provided by your agency, but need to be documented when they occur. They include:

- Adherence Counseling
- Dental Treatment Plan
- HIV Risk Counseling
- Mental Health Evaluation
- Oral Health Education
- Oral Health Exam
- Oral Health History
- Substance Abuse Evaluation

To create a Care Action, follow the steps below:

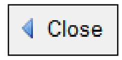
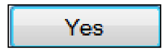
- From within the Medical Summary, Services Tab, click on the Add Care Action button. The record, similar to that in the figure below, will open:



Fill out the fields as appropriate:

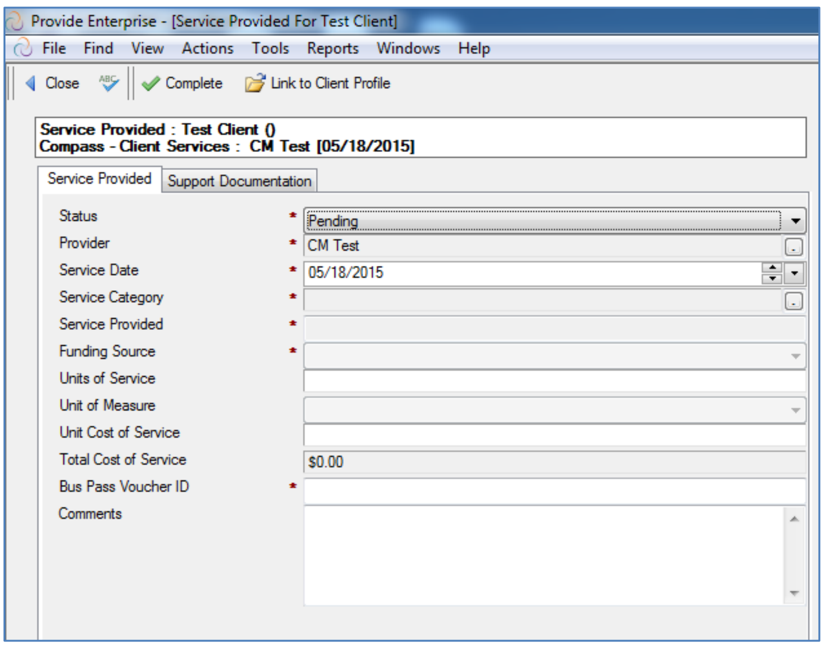
- **Service Category -** This will default to your service category

- **Provider -** Enter the name of the provider that provided these interventions.
- **Care Action(s) -** Select the interventions that were provided to the client.

- After filling out the record, click on the  button. You will be prompted to save your changes. Click on the  button to save your changes and return to the Medical Summary form.

Service Provided:

- From within the Medical Summary, Service Tab, click on the  button. The record, similar to that in the figure below, will open:



Fill in the appropriate fields:
**Depending on the service provided, the date entry fields will vary.*

- **Status -** Select the status of the service provided.
- **Provider -** Select the type of appointment.
- **Service Date –** Select the service date from the list by clicking on the
- **Service Category –** Select the service Category
- **Service Provided, Funding Source, Units of Service, Unit of Measure –** These will populate based on the selected service category.
- **Unit cost of Service –** Enter the unit cost of service.
- **Total Cost of Service –** This will be computed and automatically populate.
- **Buss Pass Voucher ID –** Enter the bus pass voucher ID.
- **Comments –** Enter any comments needed.

- **Support Documentation Tab –** Scan/attach any necessary support documentation. Directions on how to "Create a Scan" can be found at the end of chapter 3 or at the end of chapter 5 in this manual.

Procedure

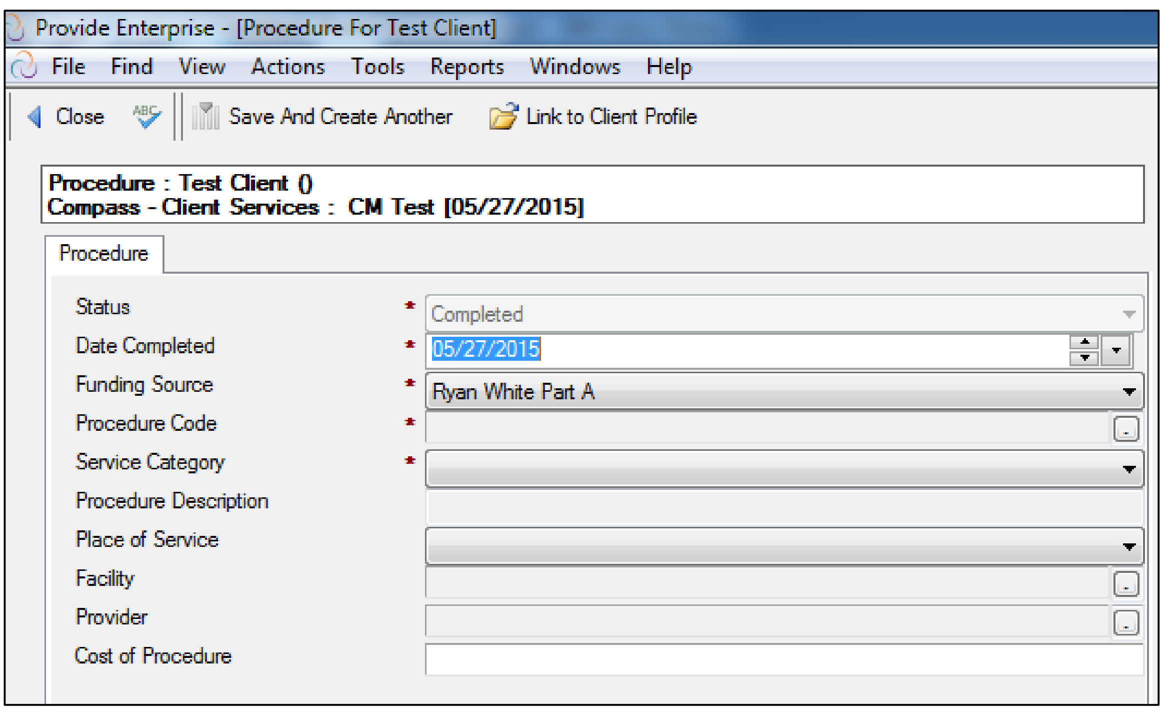
This form is used to track the provision of Ambulatory Outpatient Medical Care, Lab Services and Oral Health Care services at the CPT-4, D-Code level, or "Local Codes." Most procedure records are loaded via Imports from the EHR.

A nightly agent in the Provide system automatically creates medical appointment, vaccine, and care actions from procedure records as follows:

- Medical Appointment Records are created for any client has a medical procedure or lab service on a given date where there is not already a medical appointment record for the provider agency.
- Vaccine records are created for any client where the procedure code has been mapped to a specific vaccine in the Provide code set library.
- Care Action records are created for any client where the procedure code (local code) has been mapped to a specific care action in the Provide code set library.

From within the Medical Summary, Service Tab, click on the 

button. The record, similar to that in the figure below, will open:



- **Status -** This will default to "Completed."
- **Date Completed –** Enter the date completed.

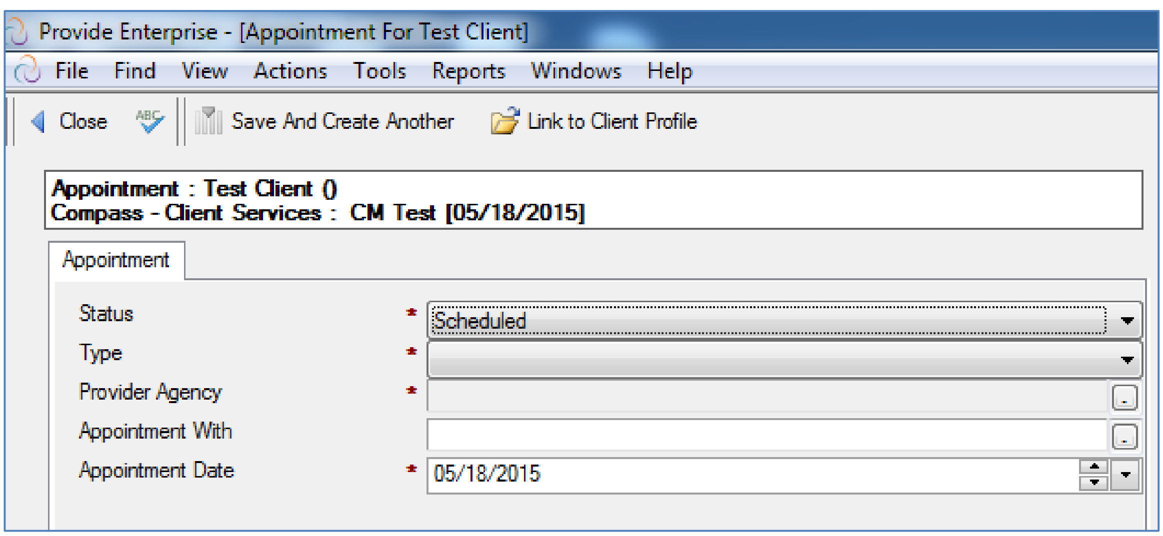
- **Funding Source -** Select the funding source.
- **Procedure Code -** Select the Procedure Code for the procedure being documented. Clicking on the button will activate the Procedure field selection dialog.
- **Service Category and Procedure Description -** These will auto populate based on the selection of the procedure code.
- **Place of Service** - Select the location of the procedure.
- **Facility -** Select the facility of the procedure.
- **Provider -** Enter the provider that performed the procedure.
- **Cost of Procedure –** Enter the cost of the procedure.

Appointment

This form is used to document scheduled, kept and missed appointments. Normally it is primarily used to track AOMC appointments but can be used to track other types as well. The PE system automatically will generate AOMC Appointment records if a client has a Medical or Lab Procedure record recorded by a provider on a given date and no appointment exists. It is also useful to record scheduled and missed appointments and these can either be entered manually or can be uploaded from a providers EHR data system.

From within the Medical Summary, Medical Appointment Tab, click on the 

button. The record, similar to that in the figure below, will open:



Fill in the appropriate fields:

- **Status -** Select the status of the appointment.
- **Type -** Select the type of appointment.
- **Provider Agency -** Select the provider name from the list by clicking on the

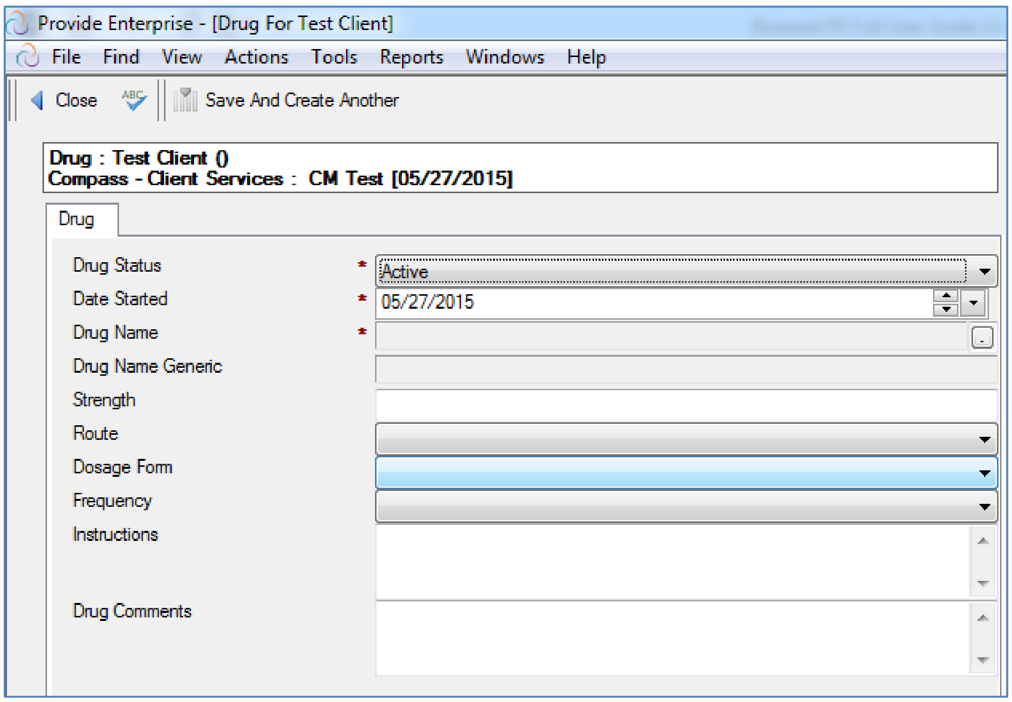
- **Appointment With -** Select the provider name from the list by clicking on the
- **Appointment Date -** Enter the appointment date.

Drug

Optional form used to track a client's medication protocol.

To document a client's medication protocol, create a "Drug" record for each medication a client is taking.

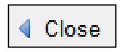
From within the Medical Summary, Medication Tab, click on the Add Drug button. The record, similar to that in the figure below, will open:

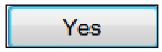


Fill out the fields as appropriate:

- **Status -** This field will default to "Active" to indicate that the client is actively taking this medication.
- **Date Started -** Enter the date the client started taking this medication.
- **Date Ended -** This field will only show if the "Status" is set to "Inactive," meaning that the client is no longer taking this medication. Enter the date the client stopped taking this medication.
- **Drug Name -** Click on the button to activate the Drug selection dialog.
- **Drug Name Generic/Drug Code/Strength/Route/Dosage Form -** These will all be filled out automatically after selecting the Medication, Strength, Route and Dosage Form from the drug selection dialog.

- **Frequency -** Select the frequency of which the client is prescribed to take this medication.
- **Instructions -** Enter any necessary instructions related to this medication.
- **Reason Ended -** This field will only show if the "Status" is set to "Inactive", meaning that the client is no longer taking this medication. Simply select the reason the client stopped taking the medication.
- **Comments -** Enter any comments related to the medication.

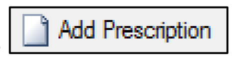
- After filling out the record, click on the 

button. You will be prompted to save your changes. Click on the 

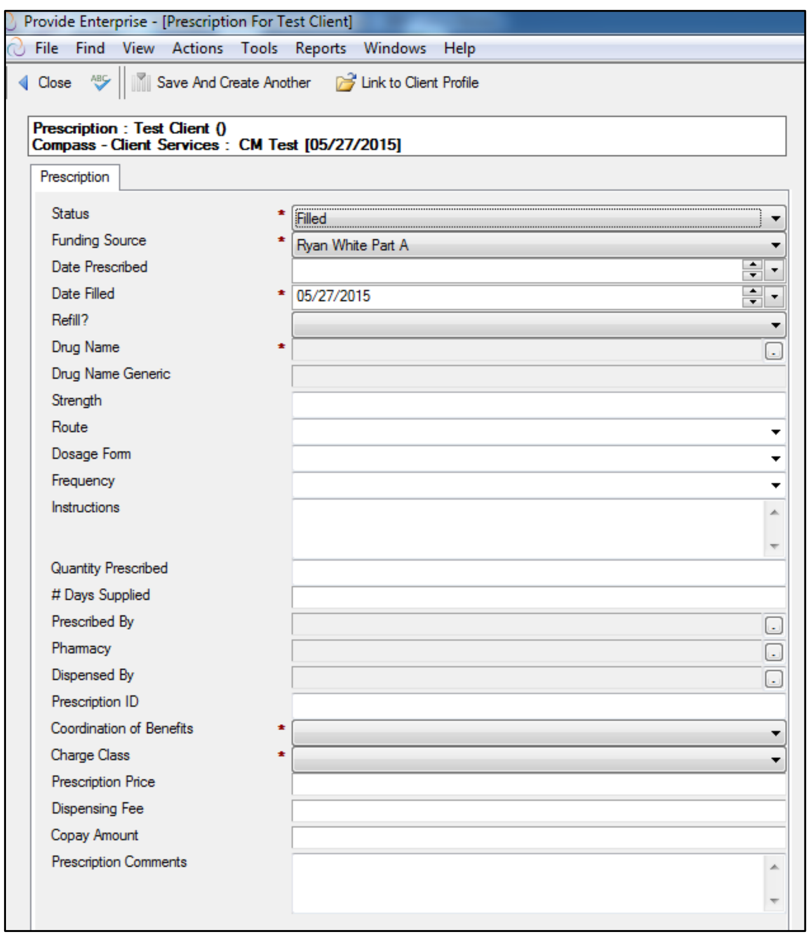
button to save your changes and return to the View Case Management Activity form.

Prescription

This form is used to track each Prescription.

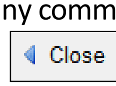
From within the Medical Summary, Medications Tab, click on the 

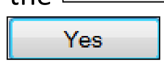
button. The record, similar to that in the figure below, will open:



Fill out the fields as appropriate:

- **Status -** The Status field defaults to "Filled," "Dispense" can also be selected.
- **Funding Source –** Select the funding source.
- **Date Filled -** Enter the date the prescription was filled.
- **Refill -** Select whether or not this was a refill.
- **Drug Name/Drug Name Generic/Strength/Route/Dosage Form/Drug Code NDC/Drug Code -** These fields will automatically be computed based on the drug, dosage, and NDC codes selected by clicking on the  button.
- **Frequency -** Enter the frequency this medication is prescribed for.
- **Instructions -** Enter any necessary instructions related to this medication.
- **Quantity Prescribed -** Enter the quantity prescribed.
- **# of Days Prescribed -** Enter the number of days medications were prescribed for.
- **Prescription End Date -** Enter the end date of the prescription.
- **Number of Refills Authorized -** Enter the number of refills authorized by the prescribing physician.
- **Prescribed By -** Select the provider who prescribed this medication.
- **Pharmacy -** Select the pharmacy that filled this prescription.
- **Dispensed By -** Enter the name of the provider who dispensed this medication.
- **Prescription ID -** If appropriate, enter the identification number for this prescription.
- **Lot ID -** If appropriate, enter the Lot # for this prescription.
- **Prescription Price -** Enter the price of this prescription.
- **Dispensing Fee -** Enter the dispensing fee associated with this prescription, if applicable.
- **CoPay Amount -** Enter the amount of the copay paid by the client, if appropriate.
- **Prescription Comments -** Enter any comments related to this prescription.

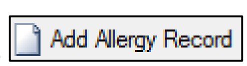
- After filling out the record, click on the 

button. You will be prompted to save your changes. Click on the 

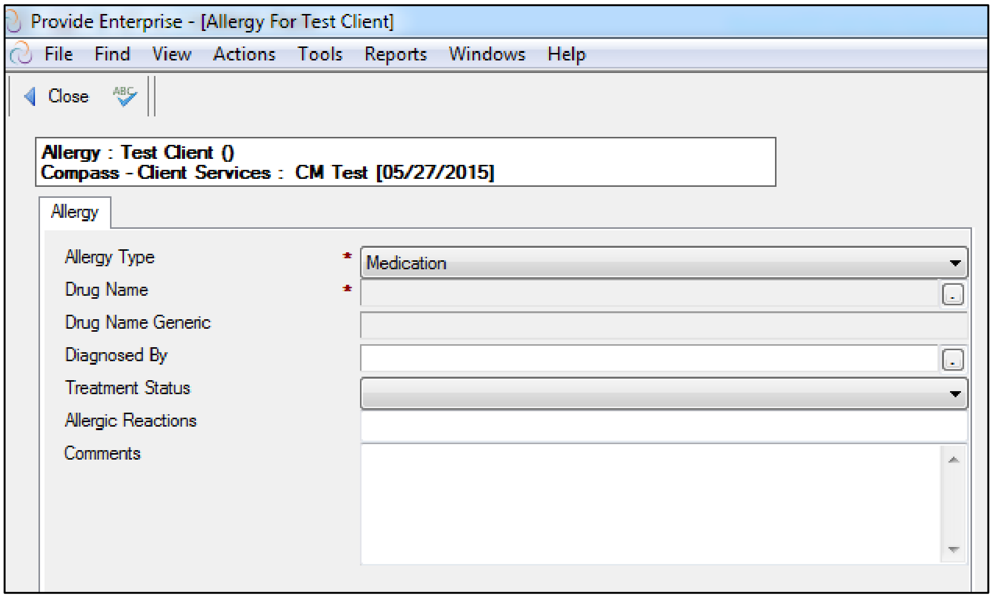
button to save your changes and return to the Medical Summary form.

Allergy

Optional for used to document a Client's allergies.

From within the Medical Summary, Medications Tab, click on the 

button. The record, similar to that in the figure below, will open:



Fill out the fields as appropriate:

- **Allergy Type -** Select the allergy type.
- **Drug Name –** Select the drug name.
- **Drug Name Generic –** This will auto populate based on the drug name selected.
- **Treatment Status -** Select the treatment status.
- **Allergic Reactions -** Enter the allergic reactions.
- **Comments –** Enter any additional comments.

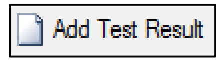
- After filling out the record, click on the Close button. You will be prompted to save your changes. Click on the Yes button to save your changes and return to the Medical Summary form.

Test Results

The Test Results Tab of the "Medical Summary" shows information related to specific medical tests a client has been given, including CD-4, Viral Load, STI and OI screening tests. At a minimum, each the following Tests need to be documented when a client has them performed:

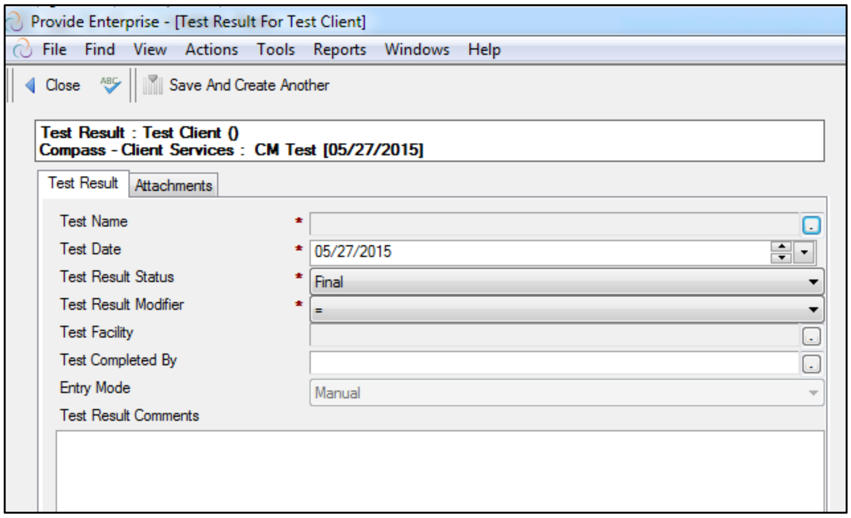
- CD-4 Count
- Viral Load
- Syphilis Screening
- Hepatitis B Screening
- Hepatitis C Screening
- PAP Smear
- Other STI Screenings

Adding a Test Result

From within the Medical Summary, Test Results Tab, click on the 

button. The record, similar to that in the figure below, will open:

Select the "Test Results" Tab, seen in the figure below:



Fill out the fields as appropriate:

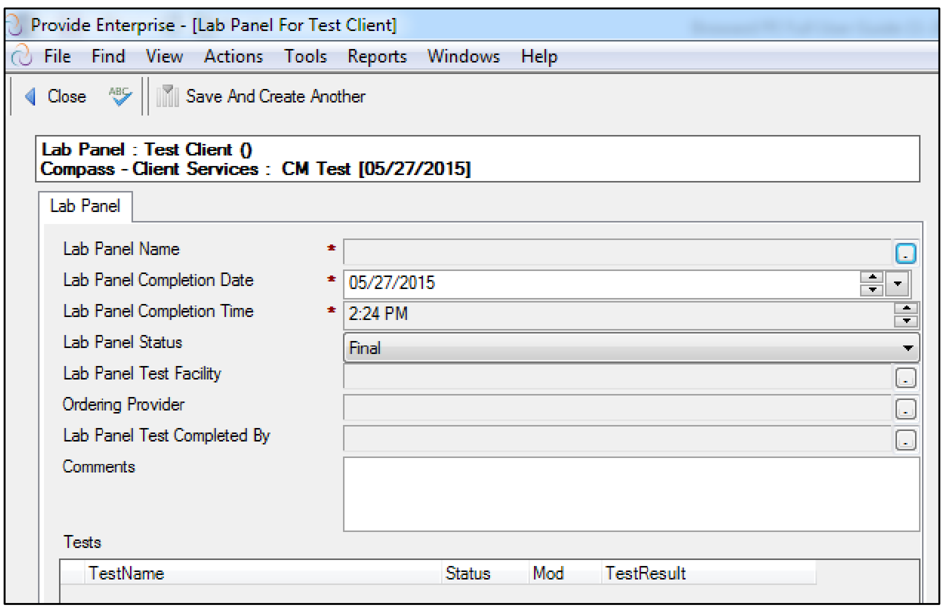
- **Test Name -** Select the name of the medical test you are documenting by clicking on the button.
- **Test Date -** Enter the date the test was performed.
- **Test Result Status -** Enter the status of the result.
- **Test Result Modifier -** Select the modifier for this lab. For the most part, this will be = for medical tests (with the exception of tests such as a Viral Load, where a result may come back as < 50 copies/ml).
- **Test Facility -** Enter the facility where the lab was completed by clicking on the button.
- **Test Completed By -** Enter the provider who completed the test by clicking on the button.
- **Entry Mode –** This will default to "Manual."
- **Test Result Comments -** Enter any necessary comments related to this specific test.
- **Attachment Tab –** Scan/attach any necessary test result documentation. Directions on how to "Create a Scan" can be found at the end of chapter 3 or at the end of chapter 5 in this manual.

- After filling out the record, click on the Close button. You will be prompted to save your changes. Click on the Yes button to save your changes and return to the Medical Summary form.

Adding a Lab Panel

To document a series of Test Results performed on the same date by the same provider, create a "Lab Panel." To do this, follow the steps below:

Click the Add Lab Panel button to activate the Lab Panel record, similar to that in the figure below:



Fill out the fields as appropriate:

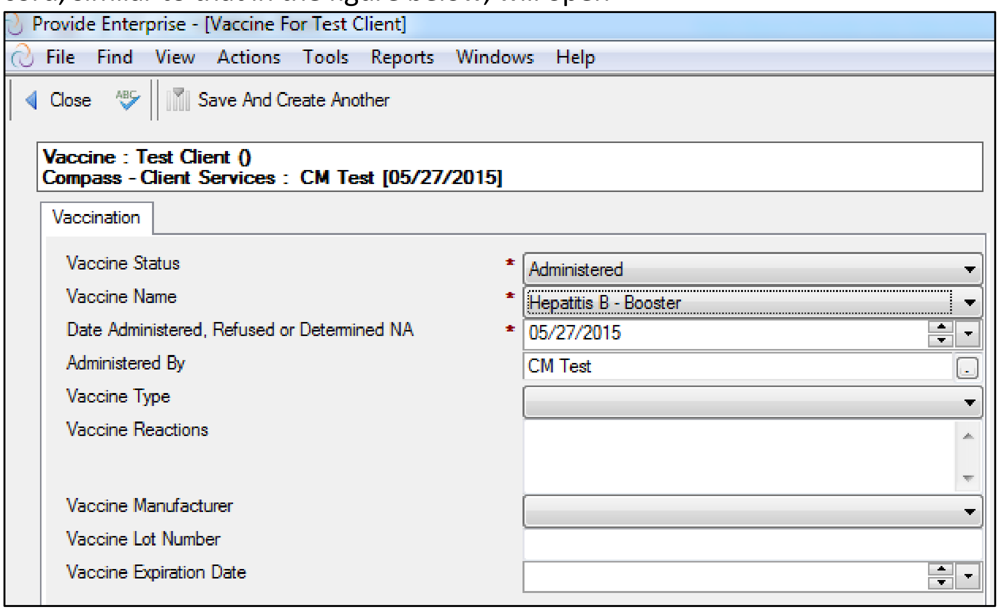
- **Lab Panel Name -** Select the name of the Lab Panel you wish to document by clicking on the button.
- **Lab Panel Completion Date -** Enter the date this panel was completed.
- **Lab Panel Status -** Enter the status of the lab panel.
- **Lab Panel Test Facility -** Enter the facility where the lab panel was completed by clicking on the button.
- **Lab Panel Test Completed By -** Enter the provider who completed the lab panel by clicking on the button.
- **Tests: Test Name/Status/Modifier/Test Result -** For each medical lab included in this panel, enter the Status, Modifier, and Result in the appropriate rows and columns.

After filling out the record, click on the Close button. You will be prompted to save your changes. Click on the Yes button to save your changes and return to the Medical Summary form.

Vaccine

This form is used to capture the administration of a vaccine or the documentation of a "not clinically indicated" decision made by a physician. These records can auto generated from CPT-4 or HCPCS encoded procedure records but when done this way are typically limited to the generation of Vaccine records where the provider actually administered it. Historical records of Vaccines are typically captured in an EHR not in Procedure records so in those cases the clinical provider would have to enter these historical records manually in Provide.

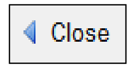
From within the Medical Summary, Vaccination Tab, click on the Add Vaccination button. The record, similar to that in the figure below, will open

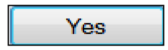


Fill out the fields as appropriate:

- **Vaccinated Status? -** Select that status.
- **Vaccine Name -** Select the vaccine name.
- **Date Administered, Refused, or Determined NA? -** Enter the date.
- **Administered By -** Enter who administered the vaccine.
- **Vaccine Type –** Select the vaccine type.
- **Vaccine Manufacturer -** Select the manufacturer.
- **Vaccine Lot Number –** Enter the vaccine lot number.
- **Vaccine Expiration Date –** Enter the vaccine's expiration date.
- **Date Vaccinated for HPV -** This field will only show if "Vaccinated for HPV" is set to "Yes". Enter the date of the HPV vaccine.

- **Date Last Influenza -** Enter the date of the last Influenza Vaccination.
- **Date Last Pneumococcal -** Enter the date of the last Pneumococcal Vaccination.

After filling out the record, click on the 

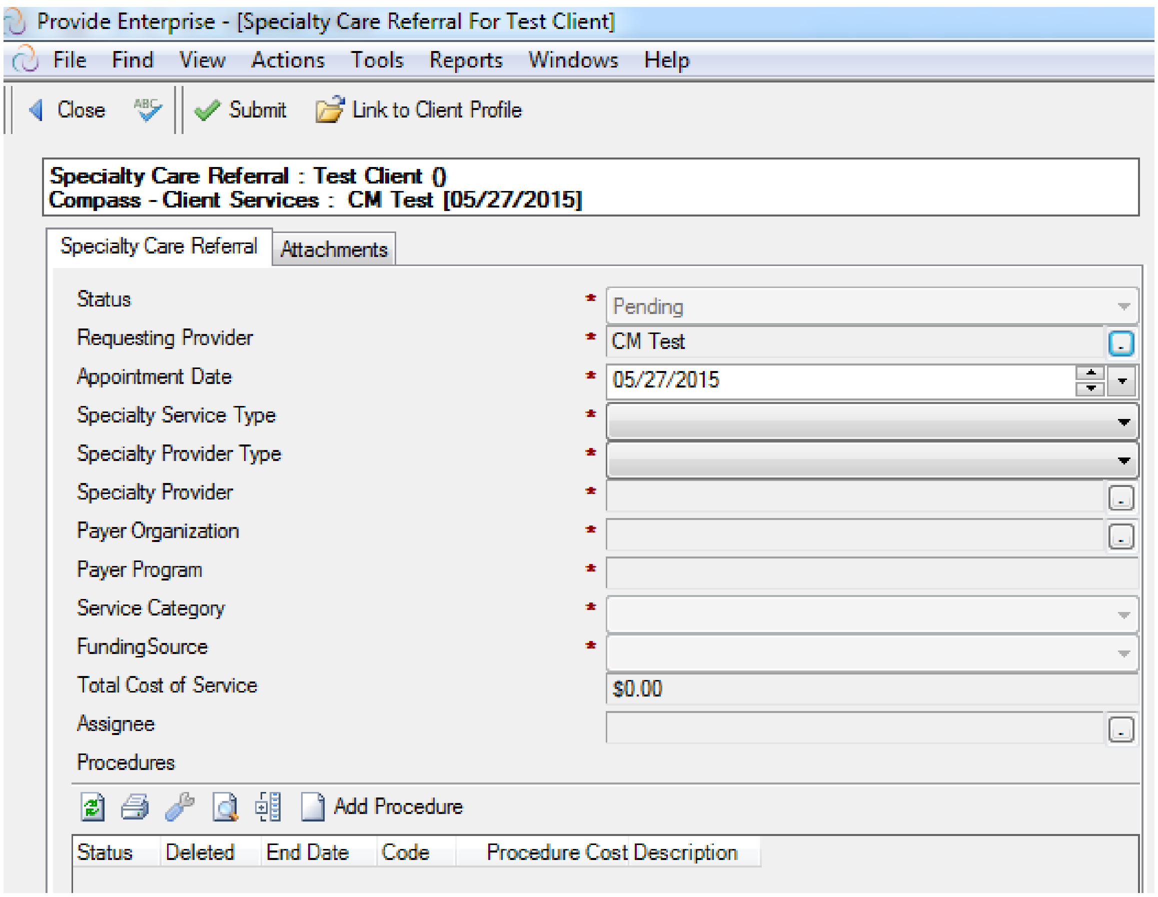
button. You will be prompted to save your changes. Click on the 

button to save your changes and return to the Medical Summary form.

Specialty Referrals

From within the Medical Summary, Referrals Tab, click on the 

button. The record, similar to that in the figure below, will open:



Fill in the appropriate fields:

- **Status –** This will default to "Pending" until it is "Submitted."
- **Referring Provider -** This will default to you or you can select the referring person.
- **Appointment Date –** Enter the appointment date.
- **Specialty Service Type –** Select the specialty service type.
- **Specialty Provider Type –** Select the specialty provider type.

- **Payer Organization -** Select the payer organization.
- **Payer Program –** Select the payer program.
- **Payer Organization –** Select the payer organization.
- **Funding Source –** Select the funding source.
- **Assignee –** Select the assignee.
- **Referred for Service Description –** Enter the description of the service.

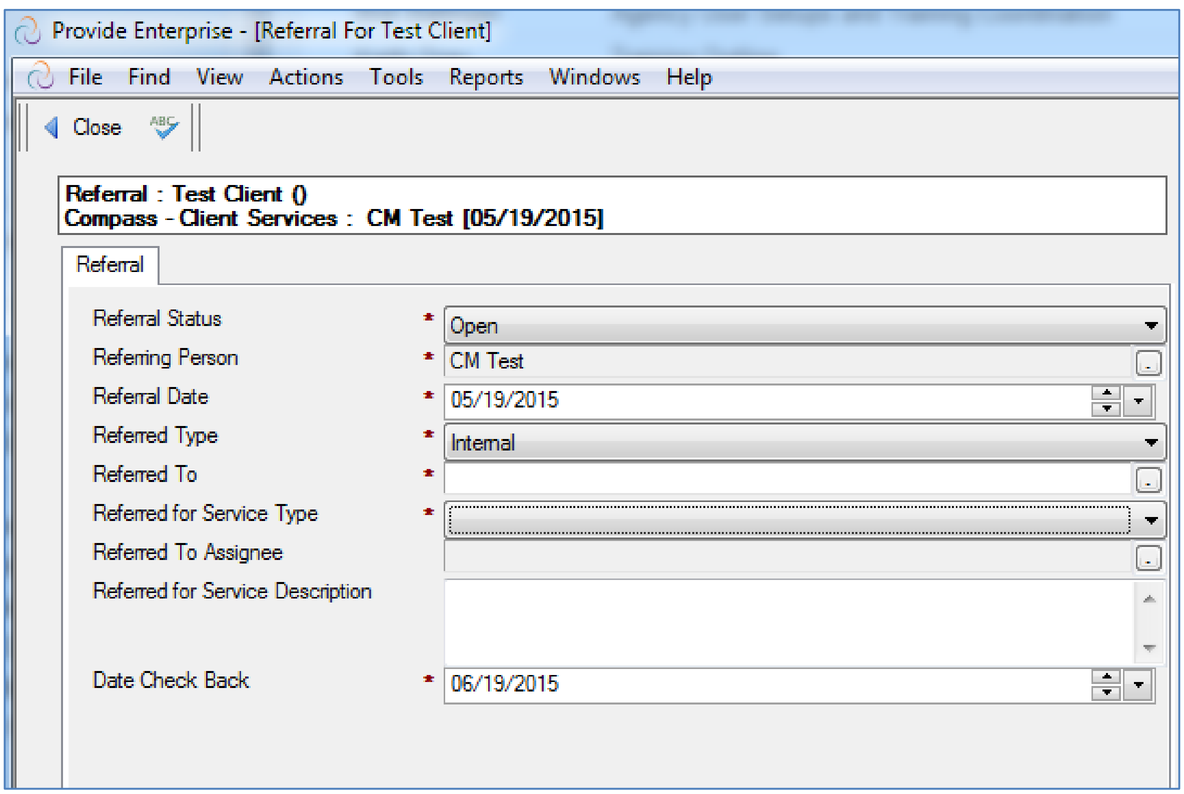
After filling out the record, click on the 

button to submit the specialty care referral.

Referrals

From within the Medical Summary, Referrals Tab, click on the 

button. The record, similar to that in the figure below, will open:



Fill in the appropriate fields:

- **Status -** Select the status of the referral.
- **Referring Person -** This will default to you or you can select the referring person.
- **Referral Date –** Enter the referral date.
- **Referred Type –** Select if it is an "External" or "Internal" referral.
- **Referred To –** Select the agency the client is being referred.

- **Referred for Service Type –** Select the service type.
- **Referred to Assignee –** If referred to assignee, select the assignee.
- **Referred for Service Description –** Enter the description of the service.
- **Date Check Back –** Enter the date to check back on the referral.

After filling out the record, click on the Close button. You will be prompted to save your changes. Click on the Yes button to save your changes and return to the Medical Summary form.

Chapter

10

Oral Health Care Provider

This chapter outlines the tasks that need to be completed by Ambulatory Outpatient Medical Case Management Providers in Provide® Enterprise to meet all billing and reporting requirements. Over time, the data elements outlined in this Chapter must also be kept current as things change for the client.

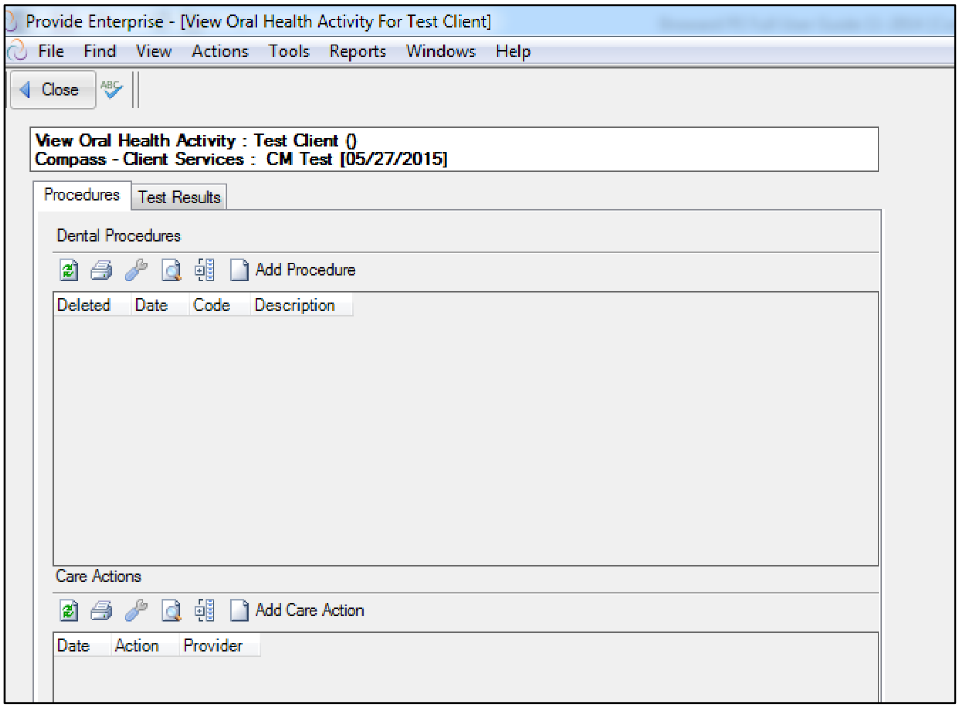
Oral Health Care Summary

Much of the data related to the client's Medical Care can be found in the Medical Summary.

To navigate to the Medical Summary, follow the steps below:

Navigate to the Client Profile. Once in the Profile, select the "View" button and then choose "Oral Health Care".

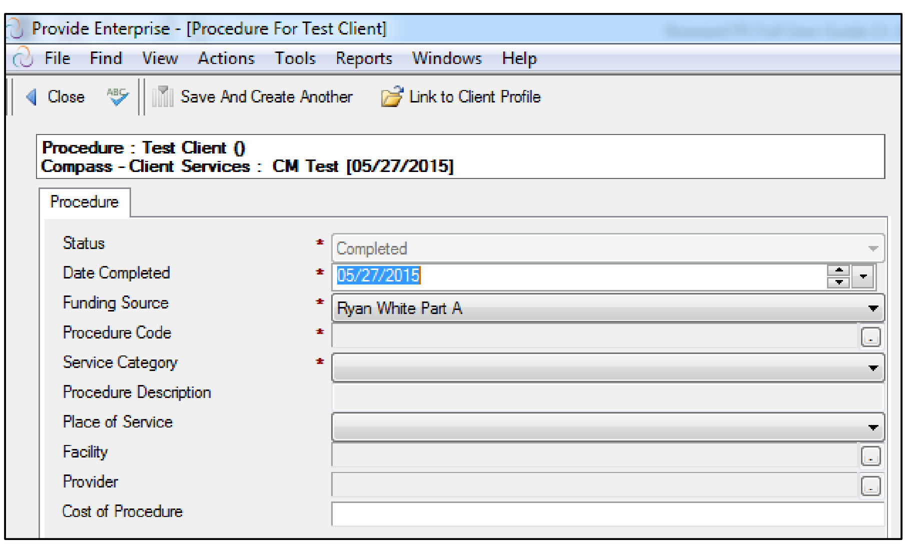
A form similar to that in the figure below will open:



The Oral Health Activity form procedures, care actions, and test results can be viewed and created.

Procedures:

From within the Oral Health Summary, click in the Procedure Tab. Click on the Add Procedure button. The Procedure record, similar to that in the figure below, will open:



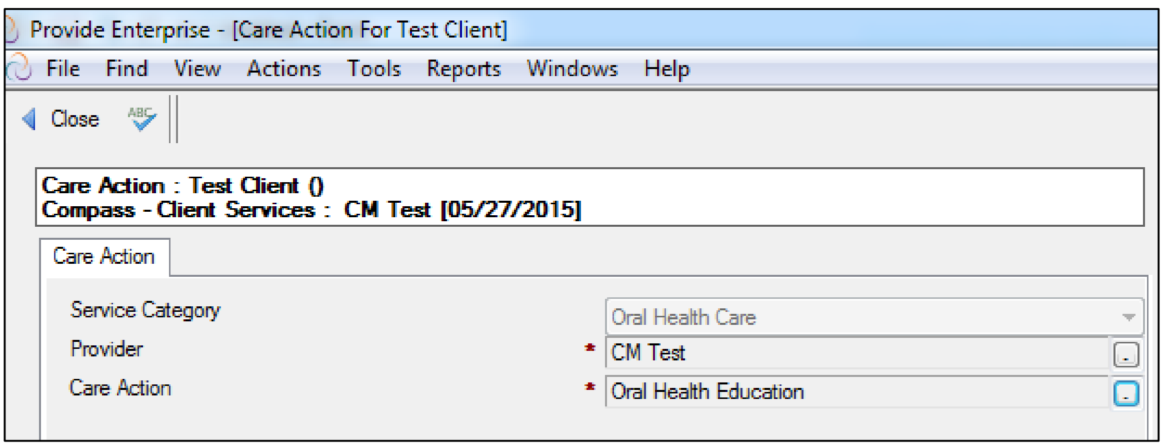
Fill out the fields as appropriate:

- **Status** - This will default to "Completed."
- **Date Completed -** Enter the date this procedure was completed.
- **Procedure Code -** Select the Procedure Code.
- **Service Category and Procedure Description –** This will auto populate based on the selected procedure code.
- **Facility -** Select the facility that the procedure was performed at.
- **Provider -** Enter the provider that performed this procedure.
- **Cost of Procedure –** Enter the cost of the procedure.

- After filling out the record, click on the Close button. You will be prompted to save your changes. Click on the Yes button to save your changes and return to the Oral Health Activity form.

Care Action:

From within the Oral Health Summary, click in the Procedure Tab. Click on the Add Care Action button. The care action record, similar to that in the figure below, will open:

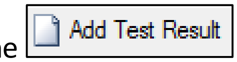


Fill out the fields as appropriate:

- **Service Category -** This will default to your service category
- **Provider -** Enter the name of the provider that provided these interventions.
- **Care Action(s) -** Select the interventions that were provided to the client.

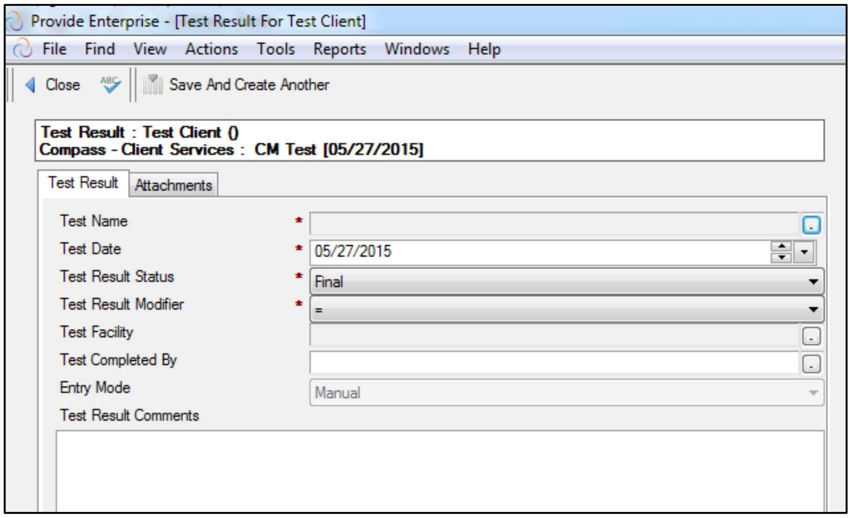
- After filling out the record, click on the Close button. You will be prompted to save your changes. Click on the Yes button to save your changes and return to the Oral Health Activity form.

Adding a Test Result:

From within Oral Health Activity, Test Results Tab, click on the 

button. The record, similar to that in the figure below, will open:

Select the “Test Results” Tab, seen in the figure below:



Fill out the fields as appropriate:

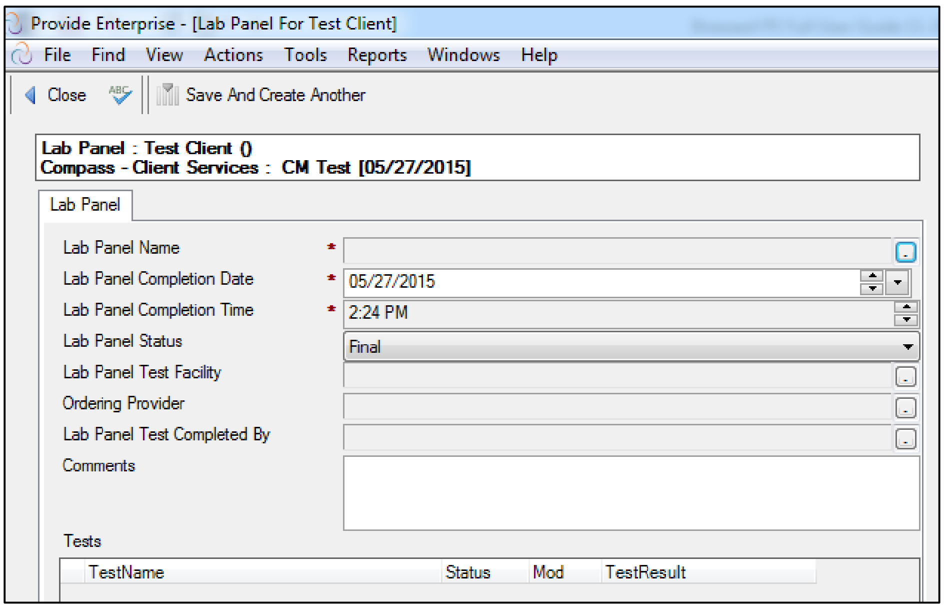
- **Test Name -** Select the name of the medical test you are documenting by clicking on the button.
- **Test Date -** Enter the date the test was performed.
- **Test Result Status -** Enter the status of the result.
- **Test Result Modifier -** Select the modifier for this lab. For the most part, this will be = for medical tests (with the exception of tests such as a Viral Load, where a result may come back as < 50 copies/ml).
- **Test Facility -** Enter the facility where the lab was completed by clicking on the button.
- **Test Completed By -** Enter the provider who completed the test by clicking on the button.
- **Entry Mode –** This will default to “Manual.”
- **Test Result Comments -** Enter any necessary comments related to this specific test.
- **Attachment Tab –** Scan/attach any necessary test result documentation. Directions on how to “Create a Scan” can be found at the end of chapter 3 or at the end of chapter 5 in this manual.

- After filling out the record, click on the Close button. You will be prompted to save your changes. Click on the Yes button to save your changes and return to the Medical Summary form.

Adding a Lab Panel:

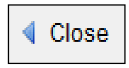
To document a series of Test Results performed on the same date by the same provider, create a “Lab Panel”. To do this, follow the steps below:

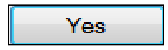
Click the Add Lab Panel button to activate the Lab Panel record, similar to that in the figure below:



Fill out the fields as appropriate:

- **Lab Panel Name -** Select the name of the Lab Panel you wish to document by clicking on the button.
- **Lab Panel Completion Date -** Enter the date this panel was completed.
- **Lab Panel Status -** Enter the status of the lab panel.
- **Lab Panel Test Facility -** Enter the facility where the lab panel was completed by clicking on the button.
- **Lab Panel Test Completed By -** Enter the provider who completed the lab panel by clicking on the button.
- **Tests :Test Name/Status/Modifier/Test Result -** For each medical lab included in this panel, enter the Status, Modifier, and Result in the appropriate rows and columns.

- After filling out the record, click on the 

button. You will be prompted to save your changes. Click on the 

button to save your changes and return to the Oral Health Activity form.

Chapter

11

Non-Medical Case Management, Nurse Care Coordinators, and Peer Mentors

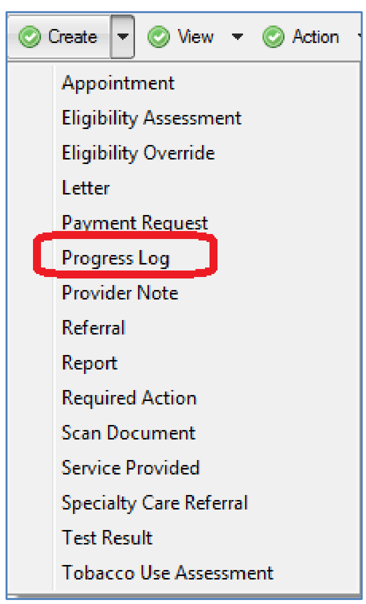
Client Profile

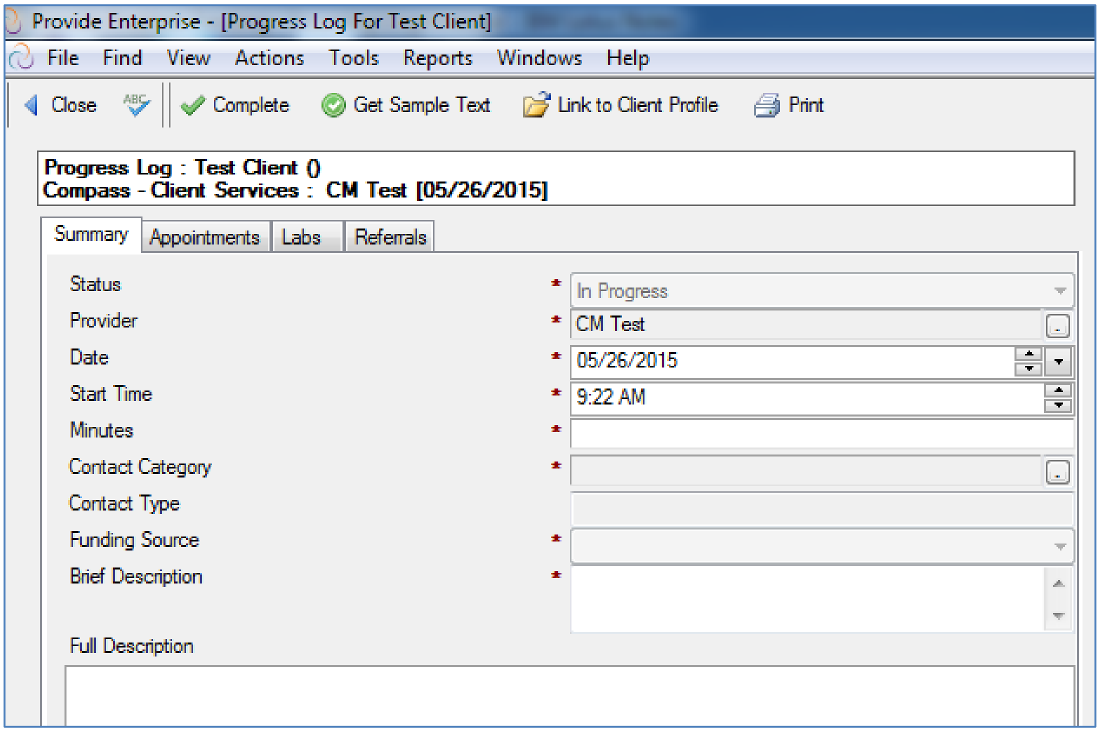
Within the Client Profile, it is important to keep all information updated as the client's life situation changes.

Progress Log

This form is designed to capture the date and time and number of minutes that a provider spent working with or on behalf of a Client. Notes of the encounter/effort should be documented.

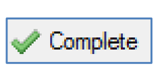
To create a Progress log, within the client profile, click on "Create" and then on "Progress Log."

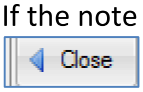




Fill in the appropriate fields:

- **Status -** The status will be “In Progress” until the note is marked “Complete.”
- **Provider -** This will default to your name, but you can choose a different provider in needed.
- **Date -** Enter the date.
- **Start Time -** Enter the start time.
- **Minutes -** Enter the minutes spent.
- **Contact Category -** Select the contact category.
- **Contact Type and Funding Source -** This will auto populate bases on the contact category that you select.
- **Brief Description –** Enter the brief description.
- **Full Description –** Enter the full description.
- You may also add an appointment, lab results, or referrals from the note on the corresponding tabs.
- **Goals Addressed –** On this tab, you can select the goals that were address by clicking on the  and select the goals that were address.

If the note is complete, click on 

. To “Save” the note in progress, click on 

and then on “Yes” to save your changes.

Chapter

12

Insurance Support Service Providers

Overview

Insurance Support Services service category support both the payment of Insurance Premiums on selected ACA Policies but also assists clients in paying their copay and deductible charges. This chapter is designed for the County contracted provider that will be issuing these payments.

The system supports the Premium Payment process with the following feature:

- Insurance Services Enrollment: This record is used to document the plan and premium payment details of a client, submit it to the County for approval to enroll the client in Part A premium support, and then track the period of enrollment.
- Premium Payment: This record is used to track the issuance of premium payments for enrolled Clients.
- Premium Payment Batch: This record is used to collect a group of approved Premium Payment records into a batch, generate a batch payment file that can be imported into the providers accounting system, and then a "Voucher Detail File" can be imported back into the Premium Payment Batch record to automatically update the Premium Payment records (set the Status to "Paid", the Voucher ID and Voucher Date).

The PE system supports the Copay/Deductible Payment process with the following features:

- Payment Request: This is a new record can be used by any Part A provider to document and submit a request for payment of a copay or copay/deductible charge on behalf of a qualifying client. The Payment Request is reviewed and can be approved or rejected by the county.
- Payment Request Batch: This record is used to collect a group of approved Payment Request records into a batch, generate a batch payment file that can be imported into the providers accounting system, and then a "Voucher Detail File" can be imported back into the Premium Payment Batch record to automatically

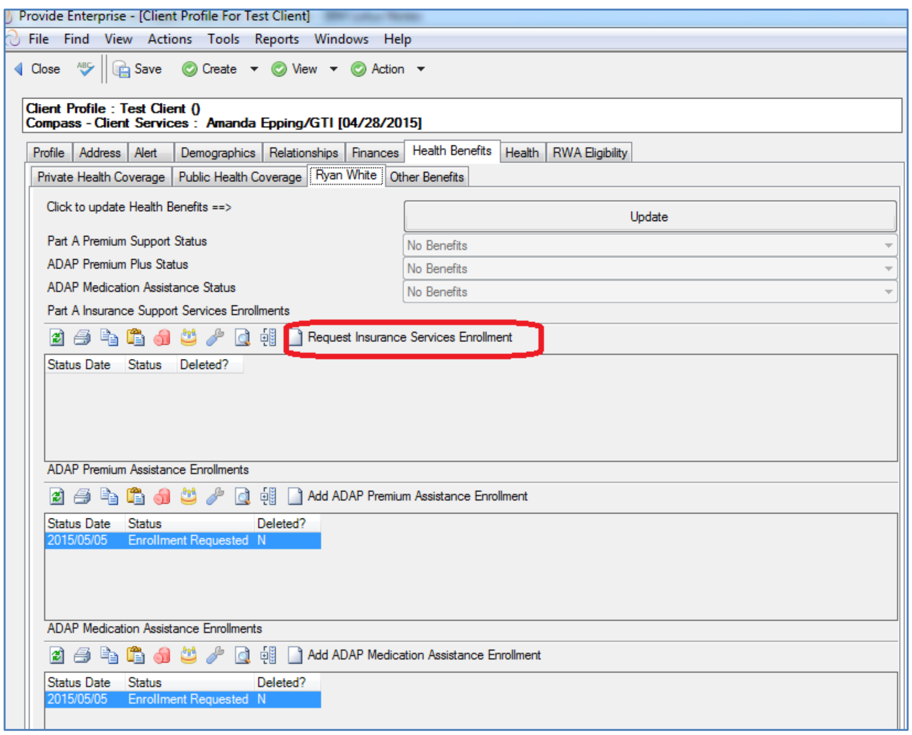
update the Payment Request records (set the Status to “Paid”, the Voucher ID and Voucher Date).

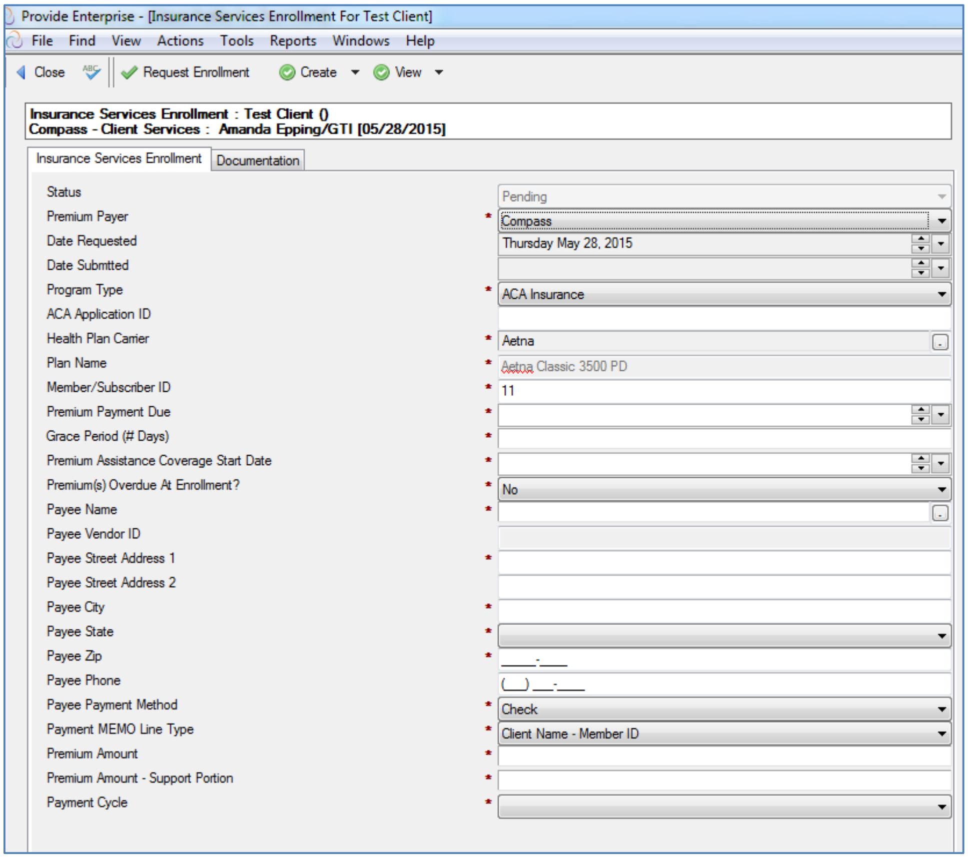
All of the records that are used to manage the program can now be found under a new set of views under the heading of “Benefits Management”.

The rest of this manual details the above features.

Insurance Services Enrollment

The Insurance Services Enrollment record can be created by any provider that is using the PE system or can be directly entered by the county. The most comment way currently that these records are created and submitted to the county is by clicking the “Request Insurance Services Enrollment” button on a Health Benefits – Ryan White Tab associated with a Client that has just enrolled in one of the qualifying plans under the ACA and they qualify for premium assistance thru Part A as shown below.





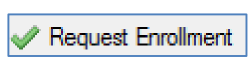
Fill in the appropriate fields:

- **Status -** The status will be "Pending" until the note is marked "Requested."
- **Premium Payer -** This will default to your agency, but you can choose a different agency if needed.
- **Date Requested -** Enter the date.
- **Date Submitted -** This will auto populate when it has been submitted.
- **Health Plan Carrier, Plan Name, Member/Subscriber ID -** These fields will populate with the information from the client's profile.
- **Premium Payment Due -** Enter the date by when the next (first) premium payment is due. This should normally be set to the current system date as you normally want payments to go out ASAP to ensure coverage is initiated as quickly as possible.
- **Premium Assistance Coverage Start Date -** This is normally set to the first of the month of the first month of coverage that the Client is eligible to have their coverage start on.
- **Premium(s) Overdue at Enrollment?** This Yes/No flag field is used to document if the client is already behind one or more premium payments on their policy. If Yes, additional fields will ask for the Overdue Amount, Months, and if authorized the

number of months and amount that the program will pay for the client. Note, at this time this feature is not used in Palm Beach.

- **Payee Name -** Click the UI button to select the Payee which will populate the rest of the Payee and Payment Method fields puling from the selected Vendor record. Note, see below for instructions on setting up new Vendors.
- **Premium Amount -** Enter the Premium Amount that will be due at each payment cycle – the premium amount less any tax credit the client is eligible to receive.
- **Premium Amount – Support Portion -** Enter the amount of the Premium Payment that the Part A program will be covering. Currently, the County rule is that if the Client is enrolled the Part A Program covers the entire Client portion of the premium (less tax credits).
- **Payment Cycle -** Select the premium payment cycle. For most clients this will be "Monthly".
- **Contact Type and Funding Source:** This will auto populate bases on the contact category that you select.
- **Brief Description –** Enter the brief description.
- **Full Description –** Enter the full description.
- You may also add an appointment, lab results, or referrals from the note on the corresponding tabs.
- **Goals Addressed –** On this tab, you can select the goals that were address by clicking on the  and select the goals that were address.

Once filled in, go to the "Documentation" tab and you should see in the embedded view any Scan document records that are "Proof of Insurance", "Insurance Premium Statements" or "ACA Enrollment Documentation" that are associated with the Client. Review these can documents to ensure that the information in the Insurance Services Enrollment record match up to them. If everything is valid, click the "Submit to County" button. This will place the record in a queue for the County to review and either approve or reject the enrollment.

Once the request is complete, click on 

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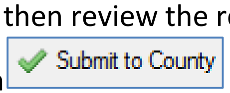
Designated users will then review the requested enrollment and submit those to the County, by clicking on 

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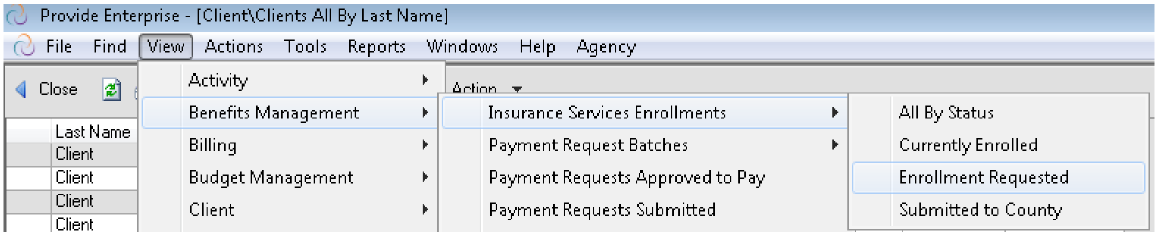
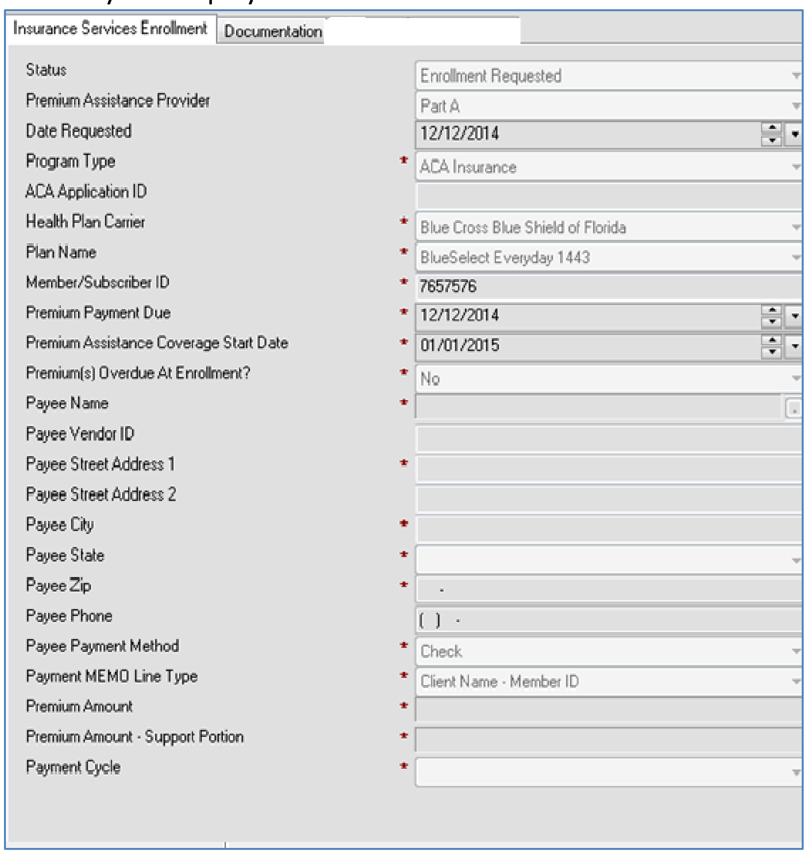
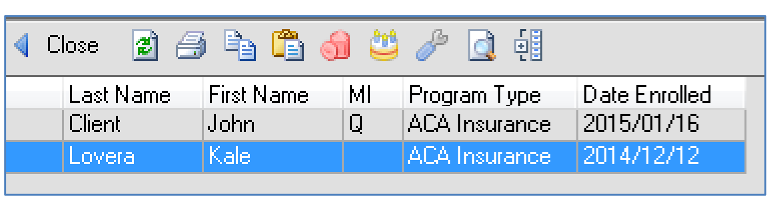
You can find a listing of the Insurance Services Enrollment records under one of the views shown below:

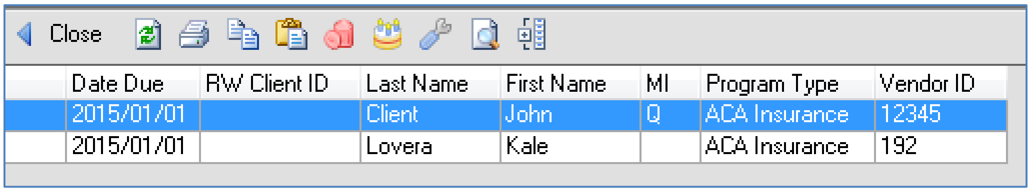


Open the view "Benefits Management\Insurance Services Enrollments\Enrollment Requested" to see records that have been submitted to the county for processing. Open one of the records and they will display as shown below:



If the County approves the enrollment, the Status is set to "Enrolled" and at this point County can begin to issue Premium Payments. You can see all Enrolled clients in the view "Benefits Management\Insurance Services Enrollments\Currently Enrolled" as shown below:

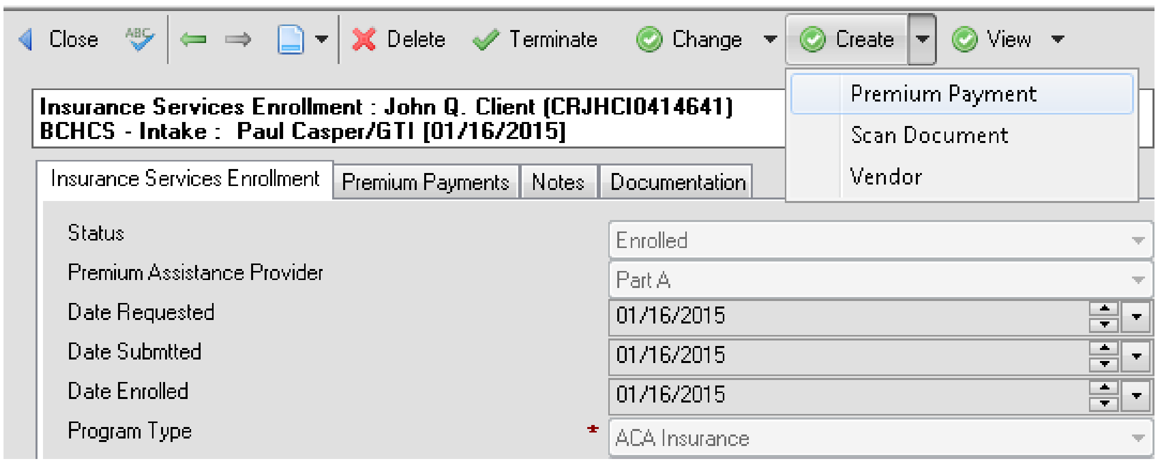




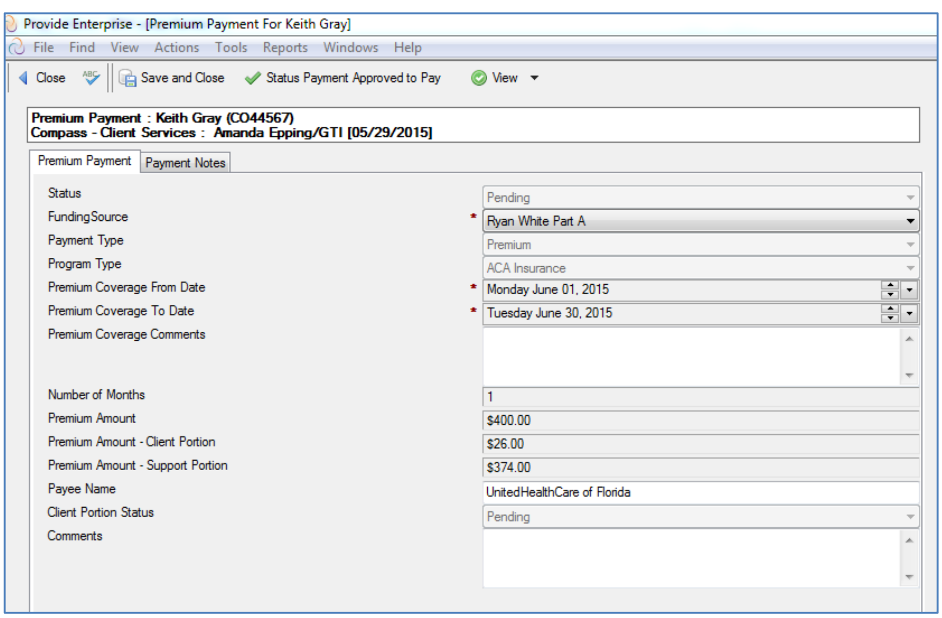
Open each Insurance Services Enrollment record from this second view when you are ready to start entering Premium Payments.

Premium Payment

From within the Insurance Services Enrollment record you will be able to click on the "Create\Premium Payment" button as shown below:



A new Premium Payment record will be opened as shown below:



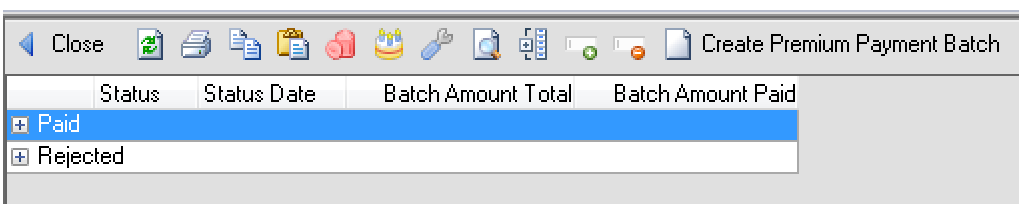
All of the fields will automatically be filled in other than the two comments fields which can be used to enter some specific documentation related to the individual premium payment record. If the record appears correctly filled in and your comments have been entered as desired, click the “Status Payment Approved to Pay” button.

The PE system will automatically set the payment amount and coverage period for the payment. If the first payment is being issued after the 15 of the month for the next month, it recommend that you consider entering a second Premium Payment for the next month right away as the system would remind you to issue that payment as of the first of the next month anyway. This will prove to be more efficient.

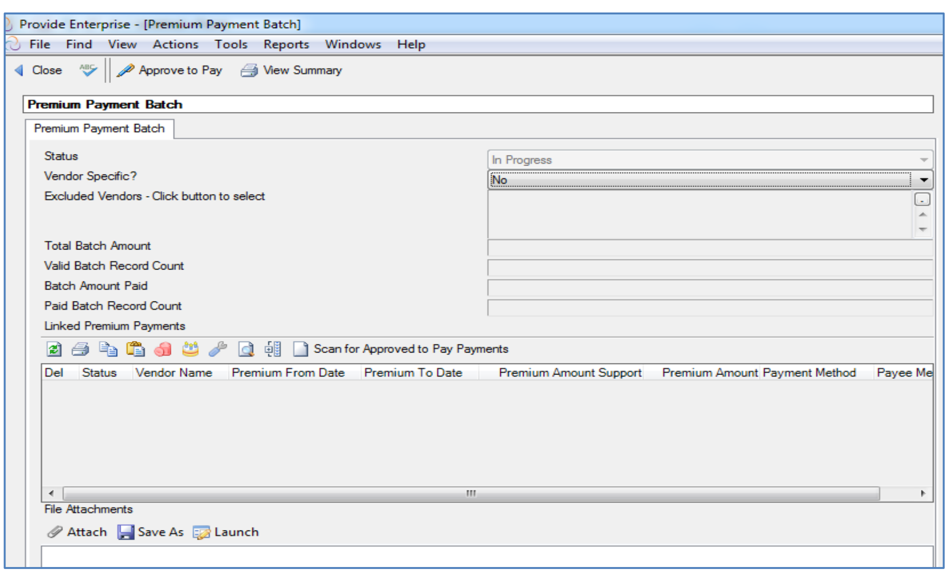
Premium Payment Batch

The Premium Payment Batch record is used to group one or more Premium Payment records into an extract file that will be fed into the BRPC Accounting system to generate the Premium Payments.

Open the view “Benefits Management\Premium Batch Batches\All by Status” and click on the “Create Premium Payment Batch” button as displayed below:



A new Premium Payment Batch record will be created as shown below:



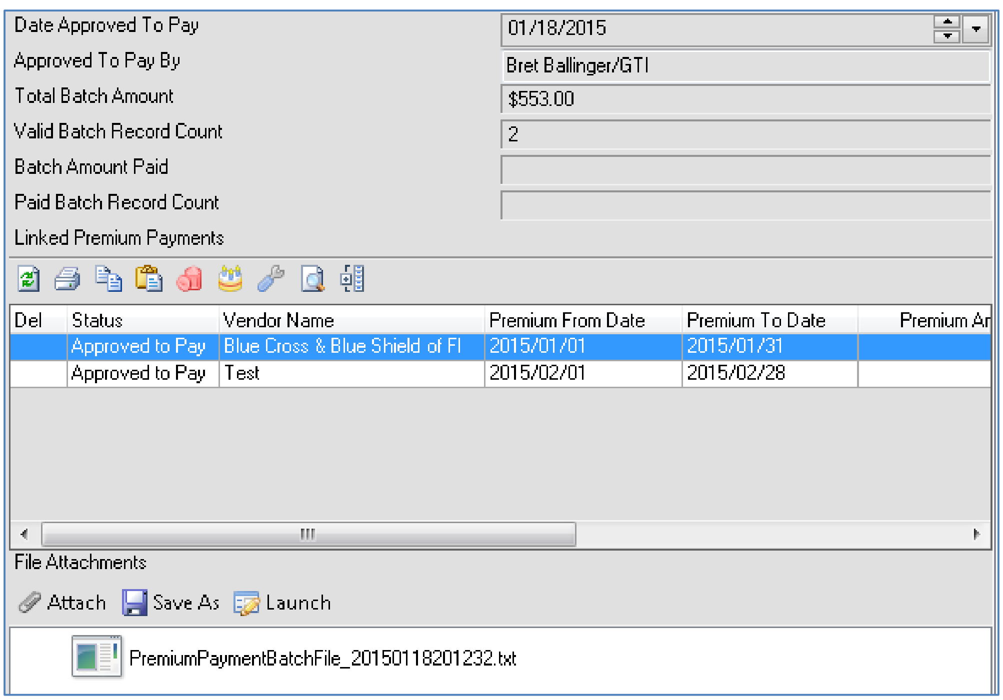
Fill in the form as desired:

- **Vendor Specific -** This Yes/No field can be set to "yes" if you want to only have payments to a specific payee (Carrier).
- **Excluded Vendors**. - This field appears if the "Vendor Specific" field is set to "No". You can use the UI button to select one or more Vendors (Carriers) to be excluded from the Batch.

Once the above fields are set, click on the "Scan for Approved to Pay Payments" button. This will search the database and for all Premium Payment records in a status of "Approved to Pay" that are not already linked to another batch and that meet the criteria selected above will be "linked" to this Batch record and display in the embedded view. It will calculate the number of payments that are in the batch and the grand total of al payments in the batch and set those fields on the form long with the name of the person that clicked the "Approved to Pay" button and the date when it was done.

You can now manually review the list of Payments in the view or click the "View Summary" button at the top to generate a report listing the Premium Payments in the Batch.

When you are confident that the Batch is correct and you wish to extract the Payment records to feed your accounting system, click the "Approved to Pay" button at the top of the form. This will generate a Batch file and automatically attach it within the Batch record as shown below:



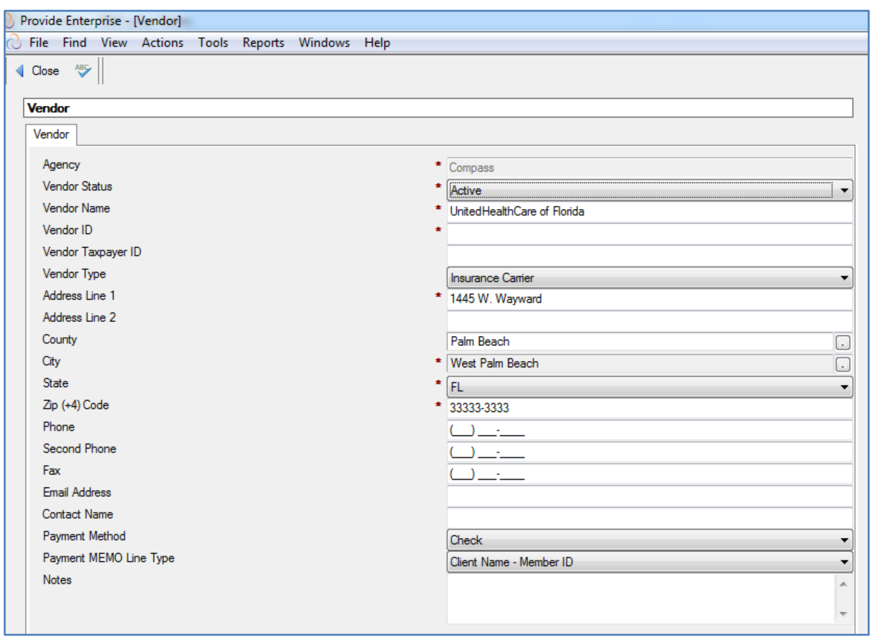
Click once on the file attachment and then on the “Save As” to save a copy of the fill to your local system or a network drive from where you will be importing the file into your accounting system.

Once the batch file has been imported and processed in your accounting system you will need to generate a “Voucher Detail” file containing a row for every Premium Payment that was imported and paid with the original transaction ID, Payment Date and Payment ID that can then be imported. To do this, click the “Import Voucher Details” button on the Batch record and enter the file name of the import file. The Status of all records in the voucher detail file will update the associated Premium Payment records Status to “Paid” and set the Paid Date and Payment ID fields. Assuming all Premium Payments in the Batch were paid, you will then be able to click the “Paid” button on the Batch record.

Vendor

The Vendor record is where you can document detailed information on each Payee (Carrier or Health Care Provider) that your agency will issue payments to. You can create a Vendor record from one of the “Providers\Vendors\” views or from the “Create\Vendor” button within the Premium Payment record or the Payment Request record.

A new Vendor record will appear as shown below:



Fill in the fields and save the record. Some key fields are outlined below:

- **Vendor Type -** Select "Insurance Carrier" for Premium payees and "Medical Provider" for any Payment Request payees.
- **Payment Method -** Select how you want to normally pay this Vendor (Check, ACH or Credit Card). If you select ACH you will be required to also fill in the Vendor FRD ABA and Vendor DDA Number.
- **Payment MEMO Line Type -** Select how the payee wants the Memo line constructed on each Payment.

The advantage of setting up the Vendor is that once it is established, as you "link" each Insurance Services Enrollment or Payment Request to a Vendor these data elements will automatically be inherited so you don't have to recheck and potentially have payments generated with memo line or payment types incorrectly specified.

Note: When in the Insurance Services Enrollment record if you click the "Create\Vendor" button a Vendor record will be created and it will be pre-populated with data from the Insurance Services Enrollment This way, you can always first click the Vendor Name UI button to search or an existing Vendor if it is found you can select it and the data from that Vendor setup will be inherited into the Enrollment. However, if not found, you can collect all of the Vendor data on the Enrollment and then click the "Create\Vendor" button and create a new Vendor from the data collected and entered.

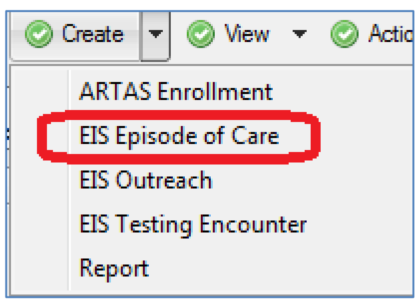
Chapter 13

Early Intervention Service Providers

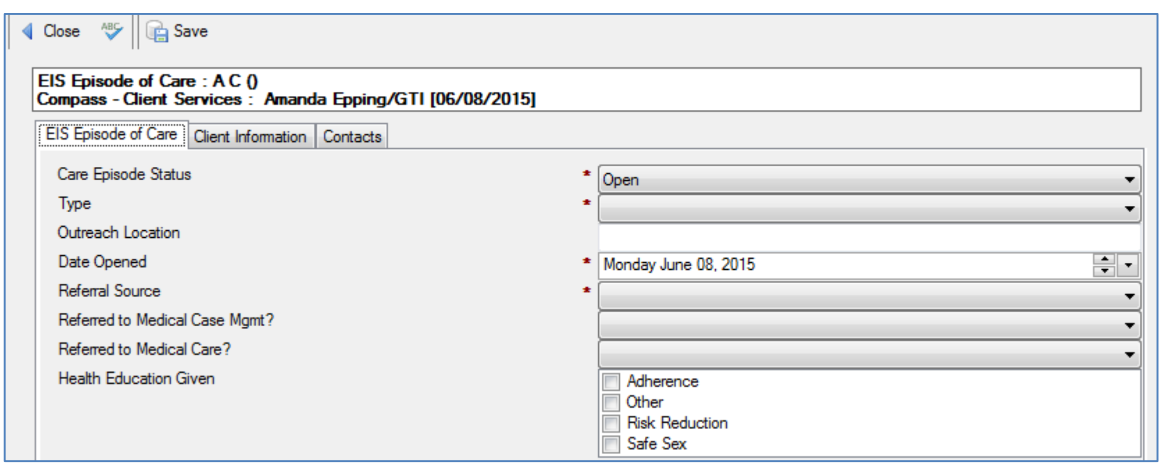
EIS Episode of Care

This form is used to document each attempt to engage a client into Care that is newly positive or fell out of care. An Episode occurs over a period of time and includes multiple contacts with the client attempting to re-engage the Client in Care.

To create an EIS Episode of Care, within the client profile, click on "Create" and then on "EIS Episode of Care."



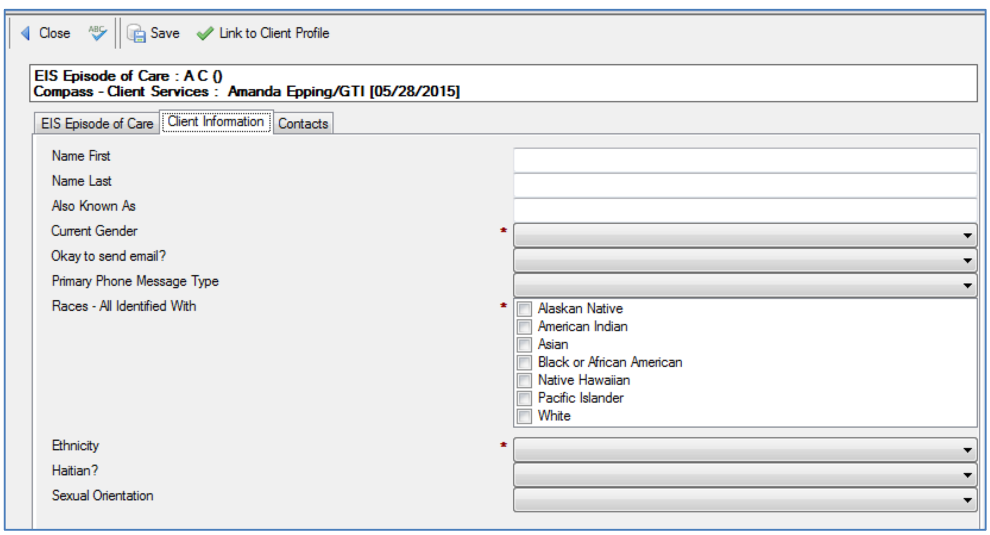
EIS Episode of Care Tab



Fill out the fields as appropriate:

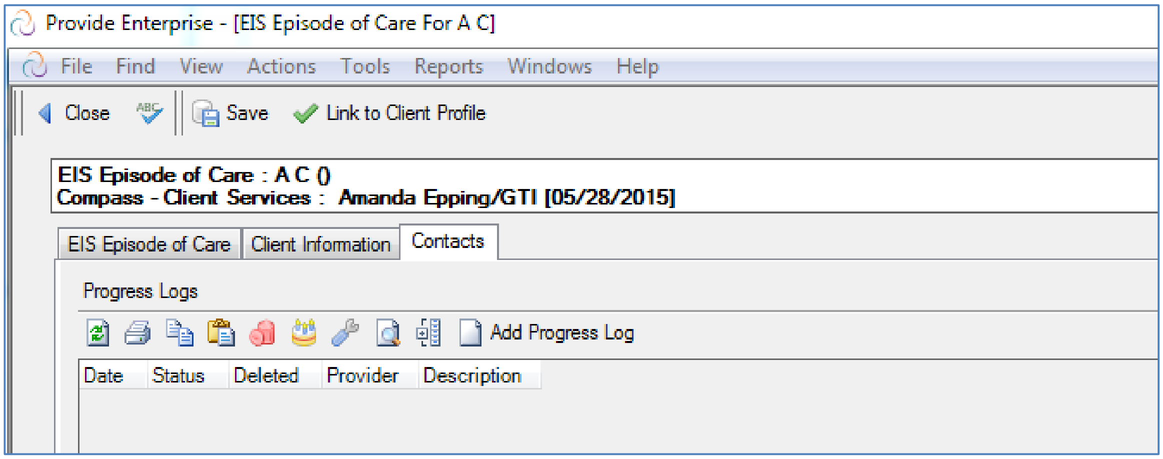
- **Care Episode Status –** Select “Open” or “Closed.”
- **Type –** Select the type.
- **Outreach Location –** Enter the location.
- **Date Opened -** Enter the date.
- **Referral Source –** Select the referral source.
- **Referred to Medical Case Management?** – Select “Yes” or “No.”
    - **If “Yes”**
        - **Linked to Medical Case Mgmt? -** Select “Yes” or “No.”
            - **If “Yes”**
                - **Date First MC Mgmt Appointment –** Enter the date.
- **Referred to Medical Care Agency?** – Select “Yes” or “No.”
    - **If “Yes”**
        - **Linked to Medical Case Agency-** Select “Yes” or “No.”
            - **If “Yes”**
                - **Date First Medical Care Appointment –** Enter the date.
- **Heath Education Given –** Select the health education that was given.

Client Information Tab:



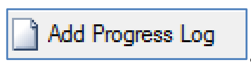
Fill out the fields as appropriate. Only fields with the red * are required.

Contacts Tab:



Progress Log

This form is designed to capture the date and time and number of minutes that a provider spent working with or on behalf of a Client. Notes of the encounter/effort should be documented.

To add a progress log, click on 

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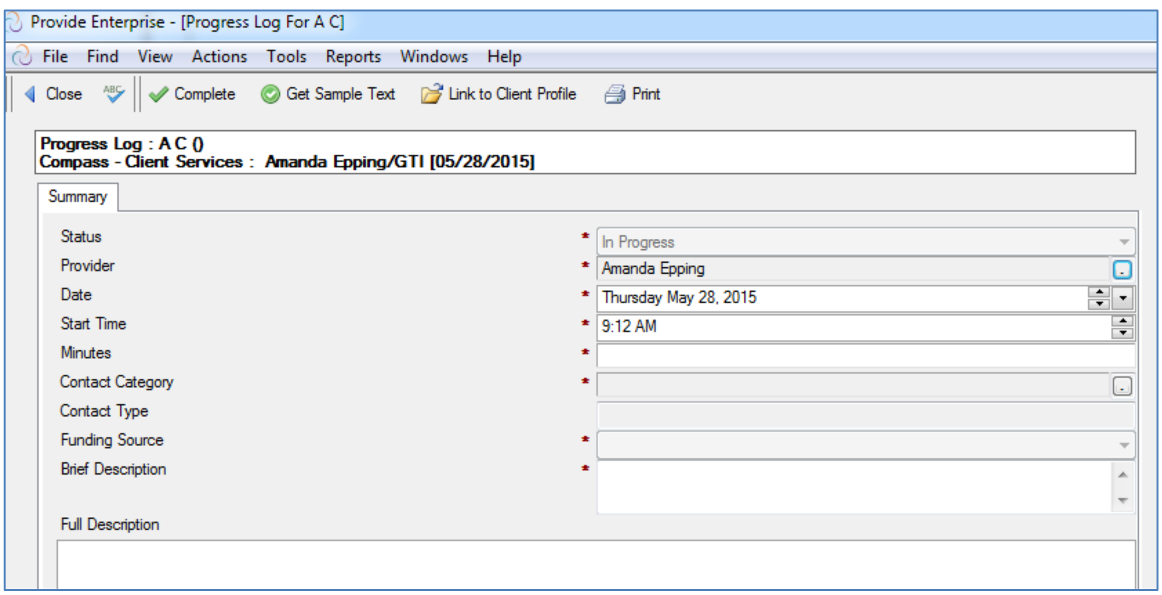
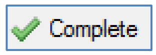
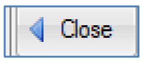


Fill in the appropriate fields:

- **Status -** The status will be "In Progress" until the note is marked "Complete."
- **Provider -** This will default to your name, but you can choose a different provider in needed.
- **Date -** Enter the date.
- **Start Time -** Enter the start time.
- **Minutes -** Enter the minutes spent.

- **Contact Category -** Select the contact category.
- **Contact Type and Funding Source -** This will auto populate bases on the contact category that you select.
- **Brief Description –** Enter the brief description.
- **Full Description –** Enter the full description.

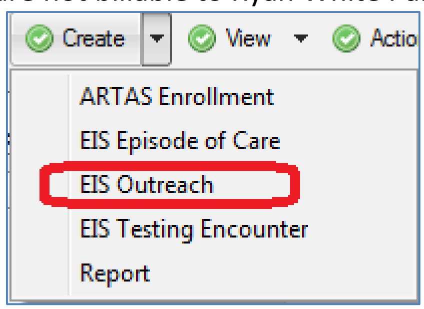
If the note is complete, click on 

. To "Save" the note in progress, click on 

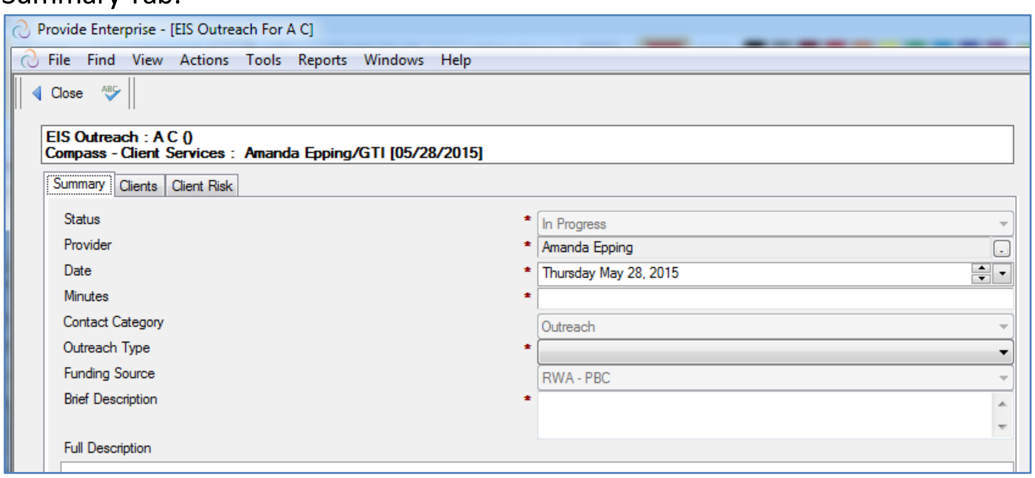
and then on "Yes" to save your changes.

EIS Outreach

This form is used to document when group based anonymous outreach activities are conducted. These services are not billable to Ryan White Part A.



Summary Tab:

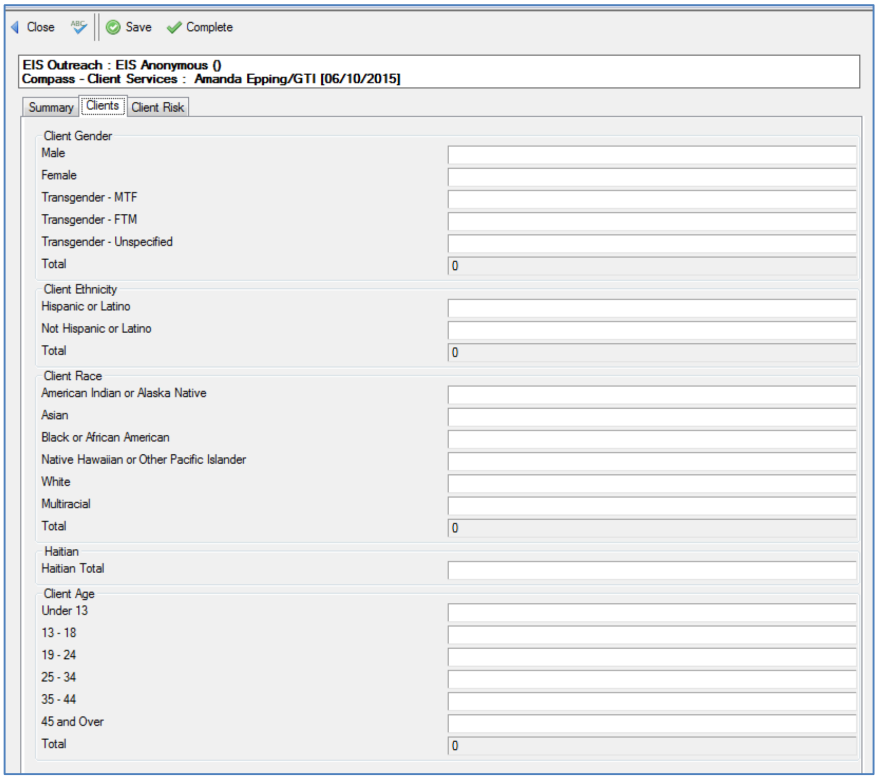


Fill in the appropriate fields:

- **Status -** The status will be "In Progress" until the note is marked "Complete."
- **Provider -** This will default to your name, but you can choose a different provider in needed.
- **Date -** Enter the date.
- **Minutes -** Enter the minutes spent.

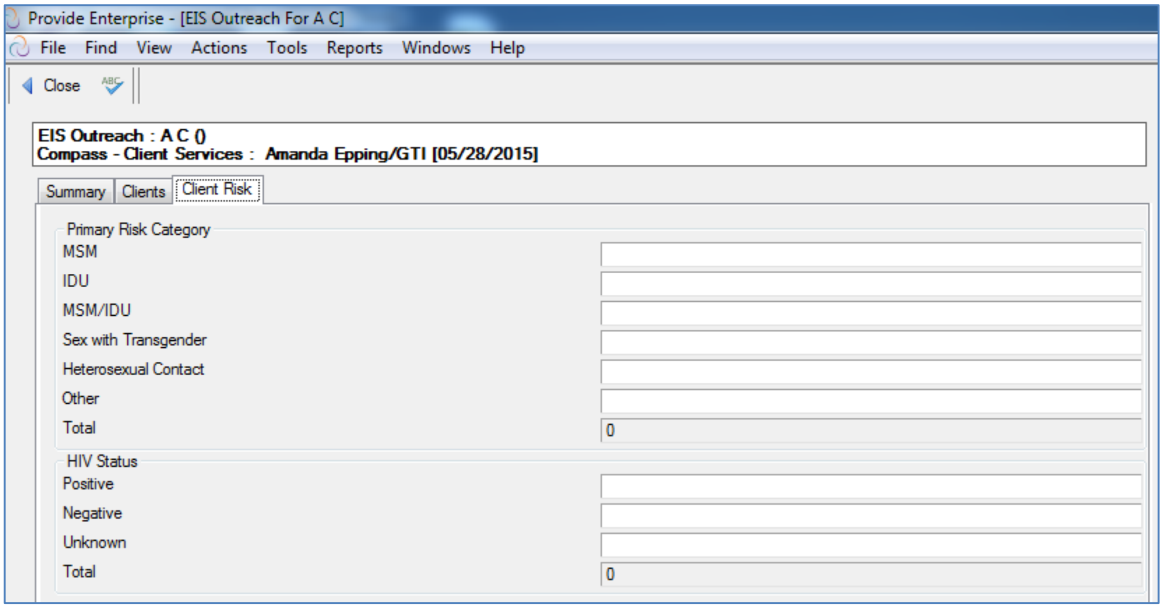
- **Contact Category -** Select the contact category.
- **Contact Type and Funding Source -** This will auto populate bases on the contact category that you select.
- **Brief Description –** Enter the brief description.
- **Full Description –** Enter the full description.

Client Tab:

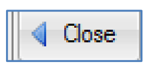


Fill in the appropriate fields.
Enter the number of clients for each gender, ethnicity, race, and age category.

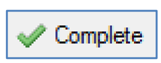
Client Risk Tab:



Fill in the appropriate fields.
Enter the number of clients for each primary risk category.

To “Save” the record, click on 

and then on “Yes” to save your changes.

To “Complete” the record, click on 

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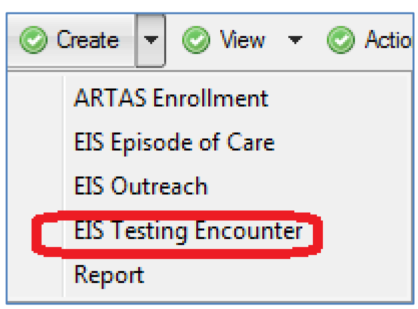
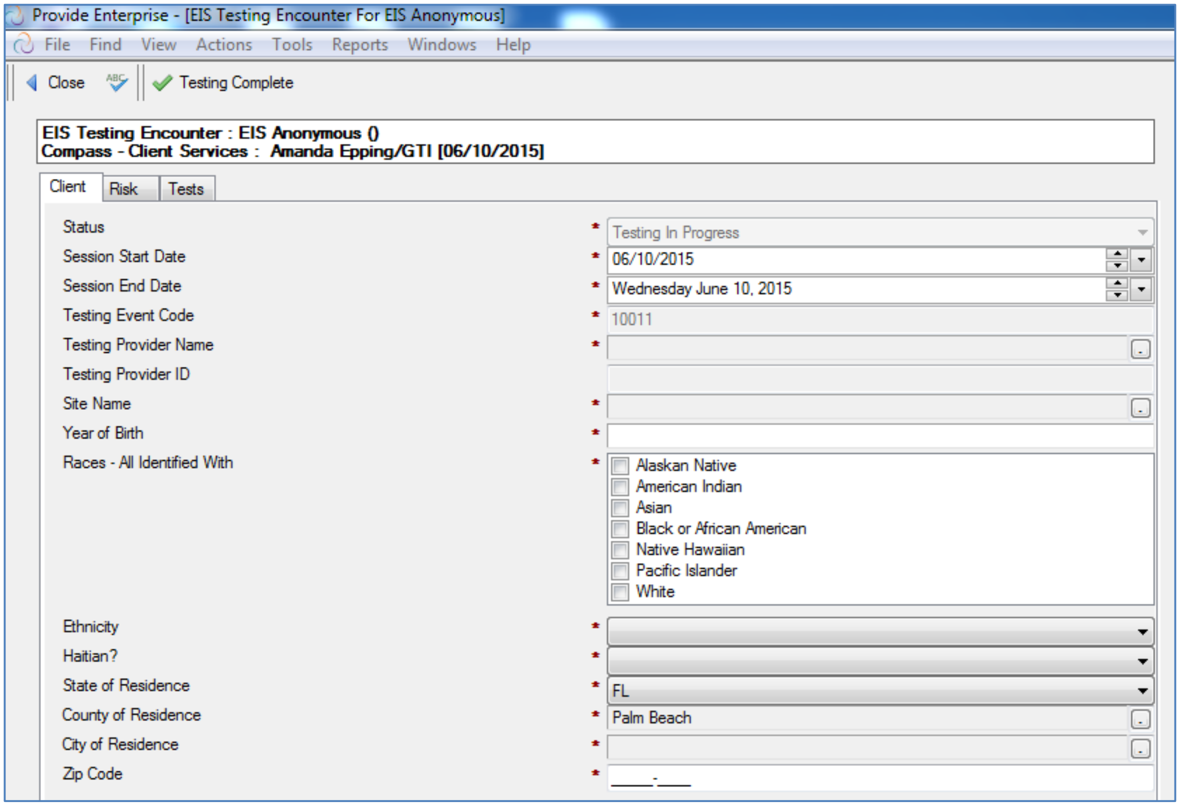
EIS Testing Encounter

This for is used to document confidential HIV testing encounters. Up to three tests can be captured for a given Client on a given Encounter. These services are not billable to Ryan White Part A.



Client Tab:

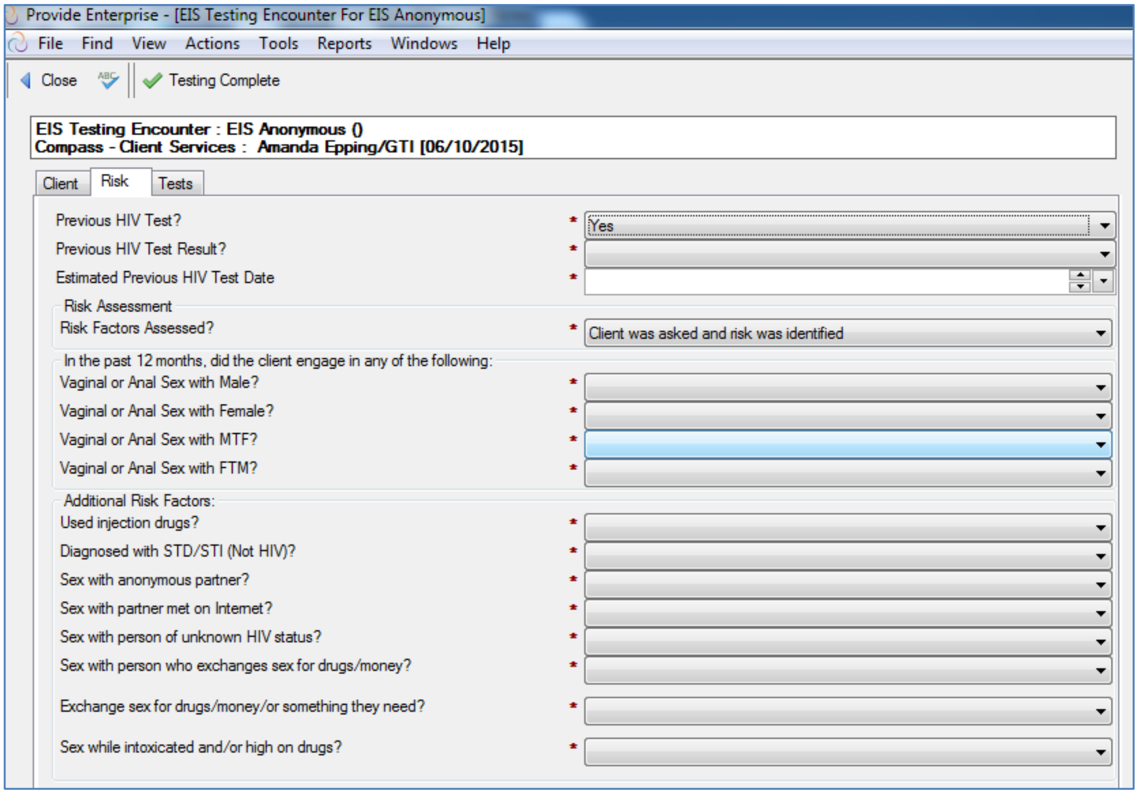


Fill in the appropriate fields:

- **Status -** The status will be "In Progress" until "Testing Complete" is marked.
- **Provider -** This will default to your name, but you can choose a different provider in needed.
- **Session Start Date -** Enter the date.
- **Session End Date –** Enter the date
- **Testing Event Code –** The code will auto-populate.
- **Testing Provider Name –** Select the provider.
- **Testing Provider ID-** This will auto-populate.
- **Site Name –** Select the site name.
- **Year of Birth –** Enter the year of birth.
- **Races –** Select all the races client identifies as.
- **Ethnicity –** Select the ethnicity
- **Haitian?** – Select "Yes" or "No."
- **State of Residence –** Select the state.
- **County of Residence –** Select the county.
- **City of Residence –** Select the city.

- **Zip Code –** Enter the zip code.

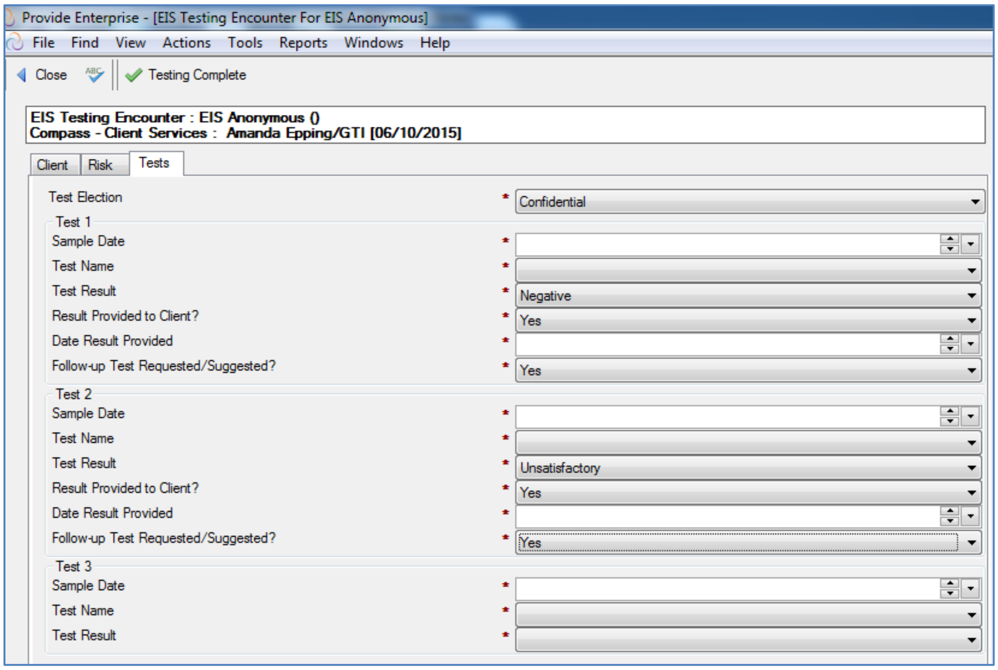
Risk Tab:



Fill in the appropriate fields:

- **Previous HIV Test? –** Select “Yes” or “No.”
- **Previous HIV Test Result –** Select the result
- **Estimated Previous HIV Test Date –** Enter the date.
- **Risk Factors Assessed ? –** Select the response. If “Client was asked and risk was identified” is selected, several risk factor questions will populate. If you answer “Yes” to some of the risk factors, additional field will populate. Fill in the appropriate fields.

Test Tab:



Fill in the appropriate fields:

- **Test Election –** Select "Confidential," "Anonymous," or "Declined."
- **Test 1:**
    - Sample Date- Enter the sample date.
    - Test Name – Select the test name.
    - Test Result – Select the test result.
    - Results Provided to Client – Select "Yes" or "No."
    - Date Results Provided – Enter the date.
    - Follow-up Test Requested/Suggested - Select "Yes" or "No."

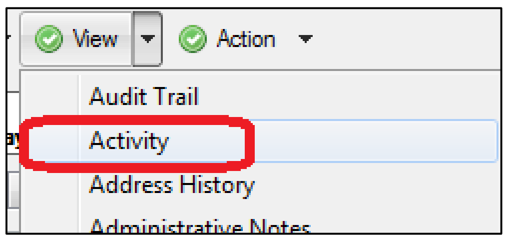
This information will need to be entered for each test sample.

When testing is complete, click on Testing Complete. Then, you will need to click on Encounter Complete again to mark the encounter complete.

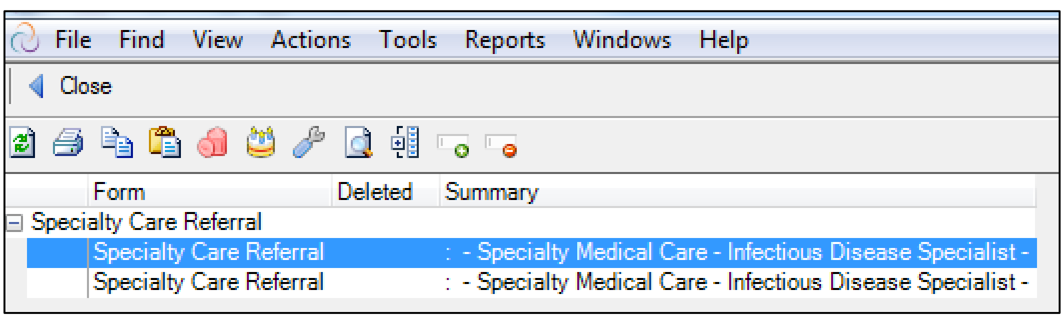
Chapter 14

Specialty Care

After “Specialty Care” referrals are entered, Specialty Care users will need to review the referrals. Special care referrals can will be in “View – Activity



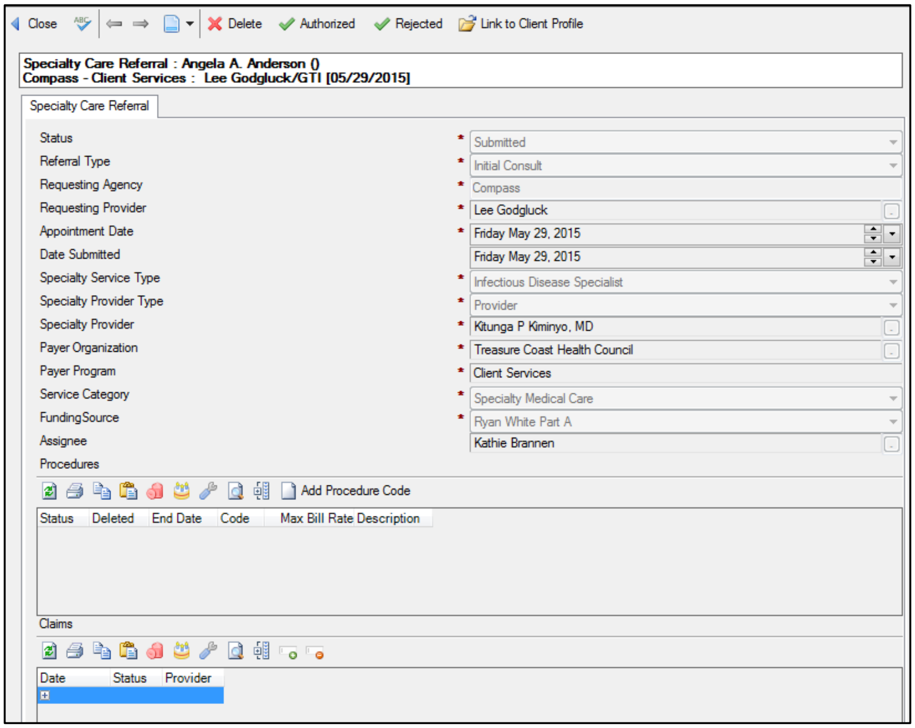
A screen similar to below will appear:



Double click on the special care referral to open the record.

Authorizing Specialty Care Referrals

To authorize a specialty care referral, open the referral as outlines above.

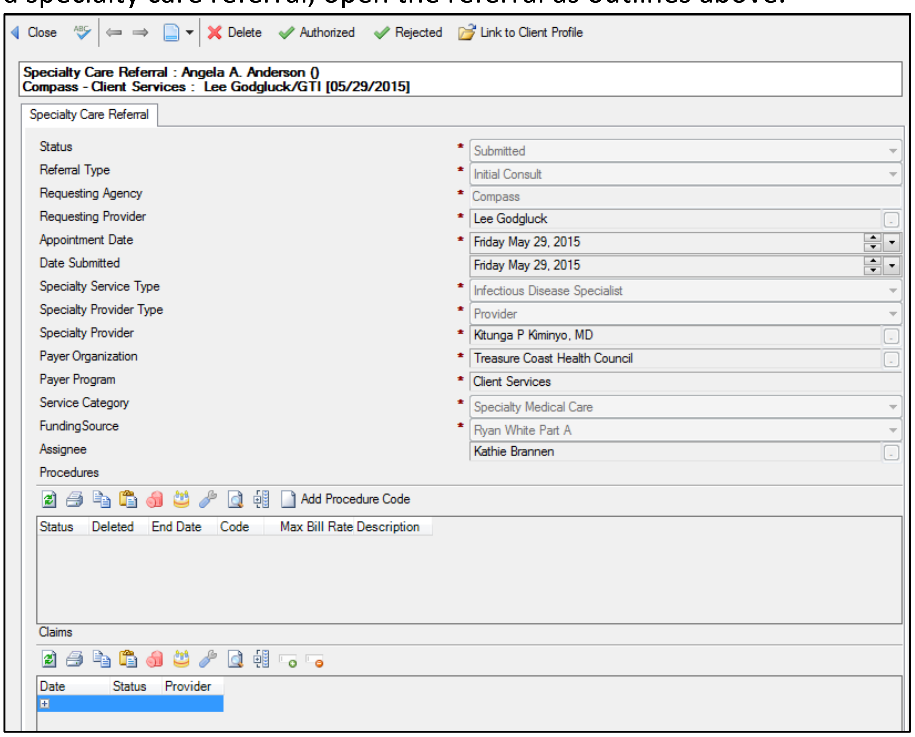


To authorize the specialty care referral, click on 

. After it is "Authorized" a claim can created. See below for the instruction on created a claim.

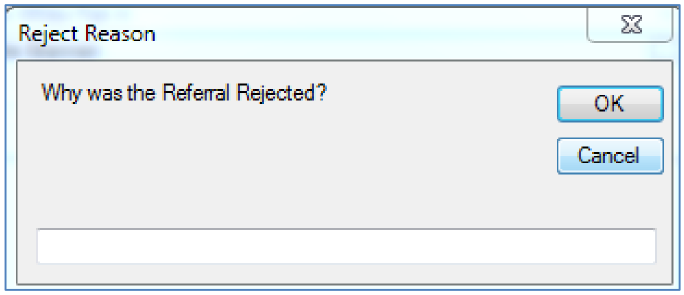
Rejecting Specialty Care Referrals

To reject a specialty care referral, open the referral as outlines above.



To authorize the specialty care referral, click on 

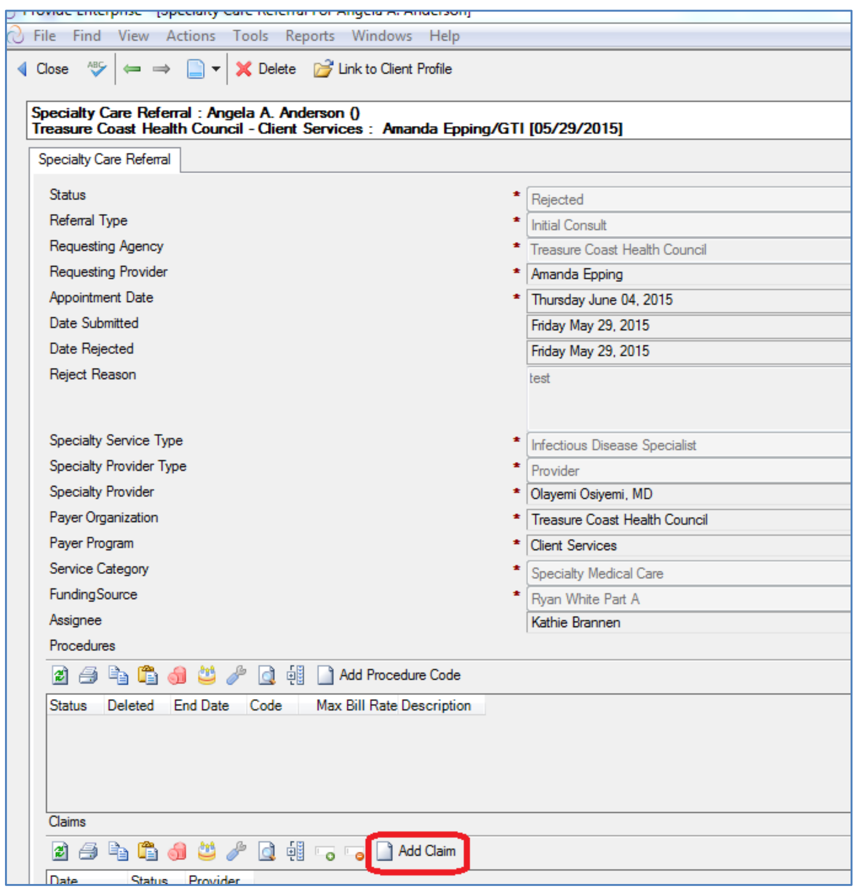
. You will then need to enter a referral rejected reason.



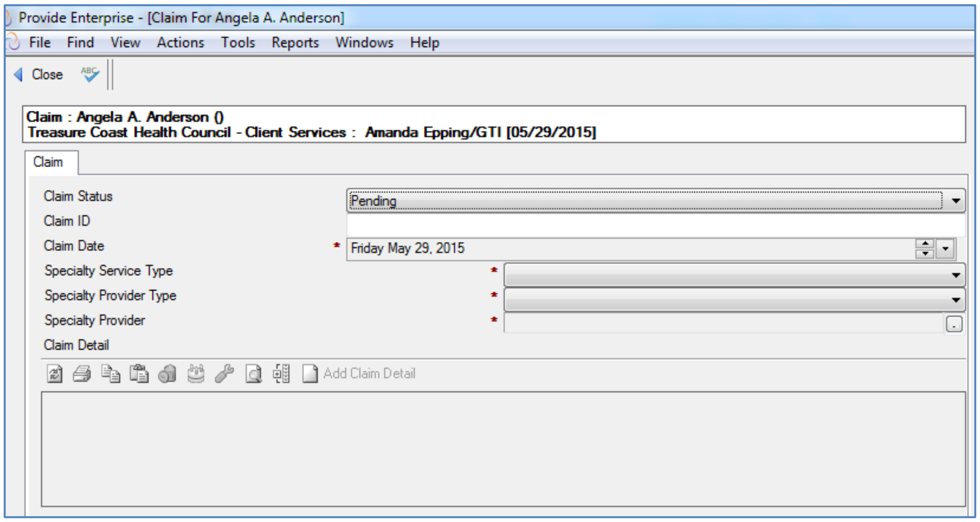
Then, click on "OK" and the referral will be rejected.

Adding a claim to the Specialty Care

To add a claim after the specialty care referral has been authorized, click on "Add Claim."

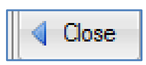


The claim will then appear as shown below:



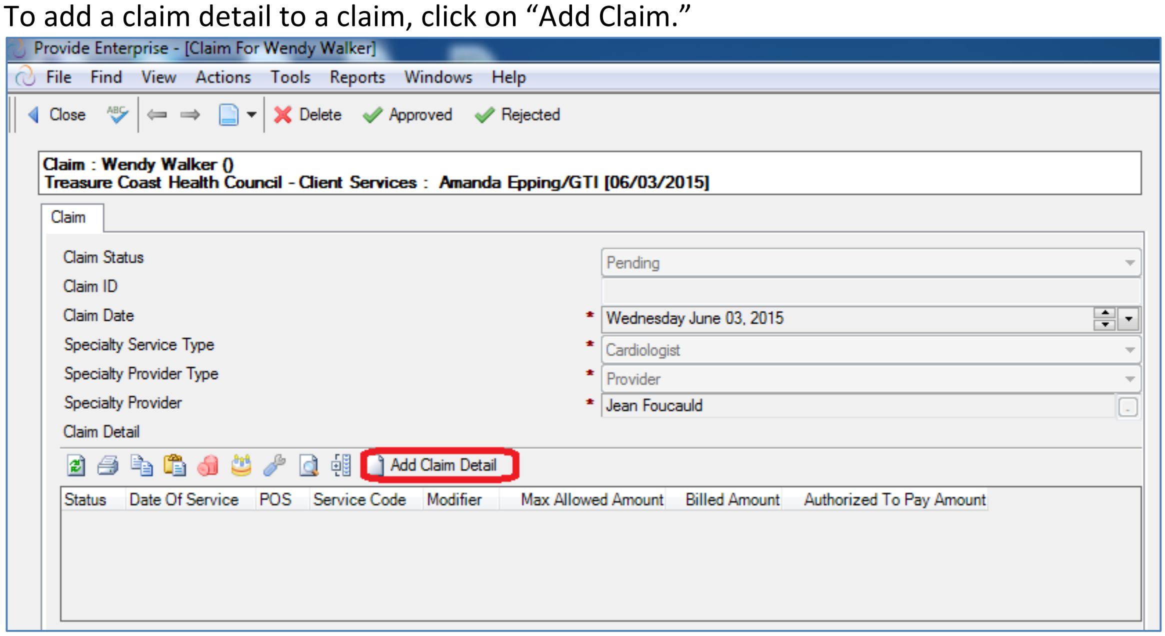
Fill in the appropriate fields:

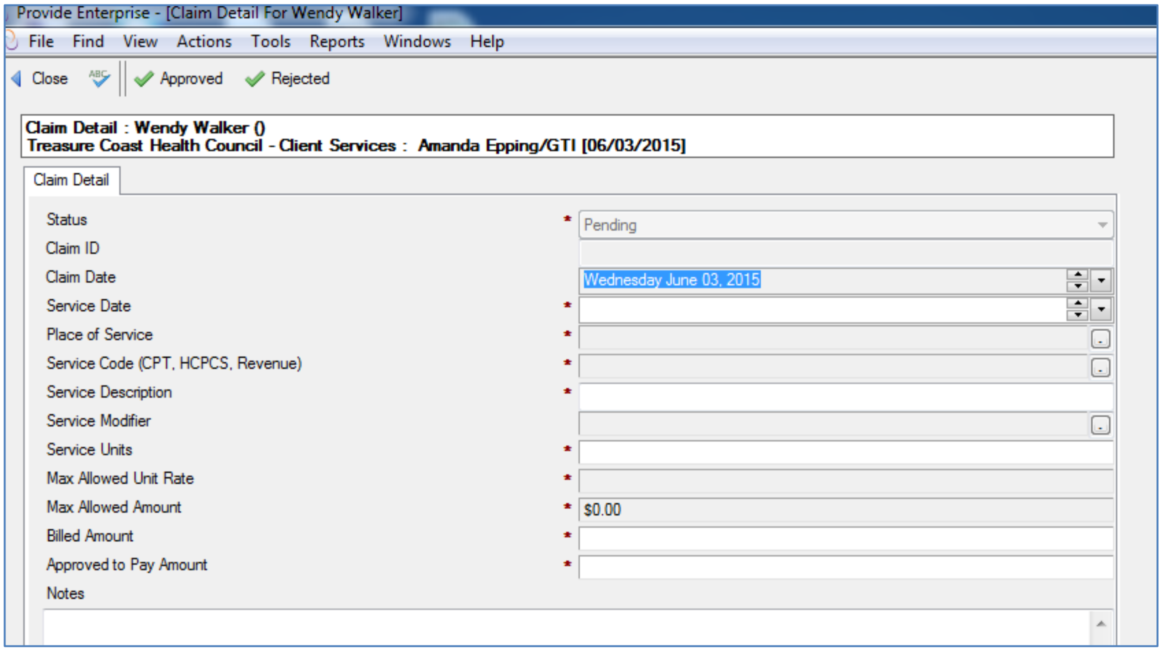
- **Claim Status –** Select "Pending," "Processed," or "Rejected."
- **Claim Date –** Select the claim date.
- **Specialty Service Type –** Select the specialty type
- **Specialty Provider Type** – Select the specialty provider type
- **Specialty Provider –** Select the specialty provider.

To "Save" the record, click on  and then on "Yes" to save your changes.

Adding claim details to the Specialty Care

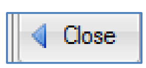
To add a claim detail to a claim, click on "Add Claim."





Fill in the appropriate fields:

- **Service Date –** Enter the service date.
- **Place of Service –** Select the place of service.
- **Service Code –** Select the service code.
- **Service Description –** Enter the service description.
- **Service Modifier –** Select the service modifier.
- **Service Units –** Enter the service units.
- **Max Allowed Unit Rate and Max Allowed Amount –** This will automatically compute.
- **Billed Amount** – Enter the billed amount.
- **Approved to Pay Amount –** Enter the approved to pay amount.

To “Save” the record, click on 

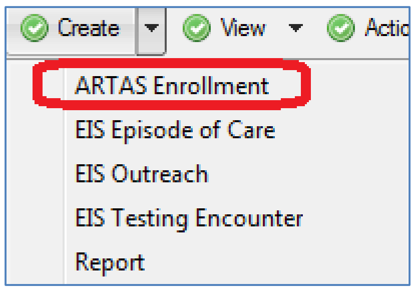
and then on “Yes” to save your changes.

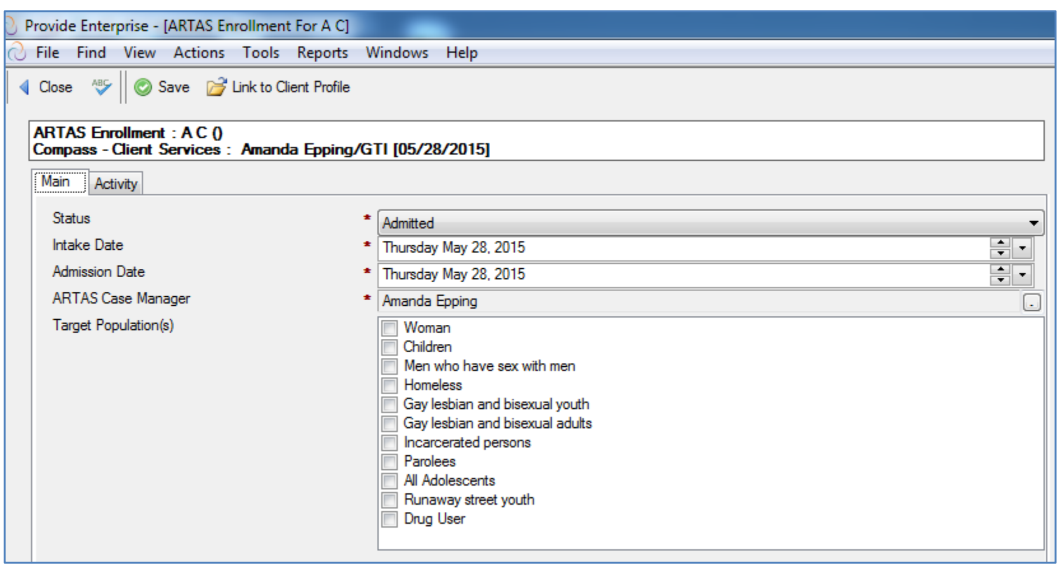
Chapter 15

ARTAS Case Managers

ARTAS Enrollment

To create an ARTAS Enrollment, within the client profile, click on "Create" and then on "ARTAS Enrollment."



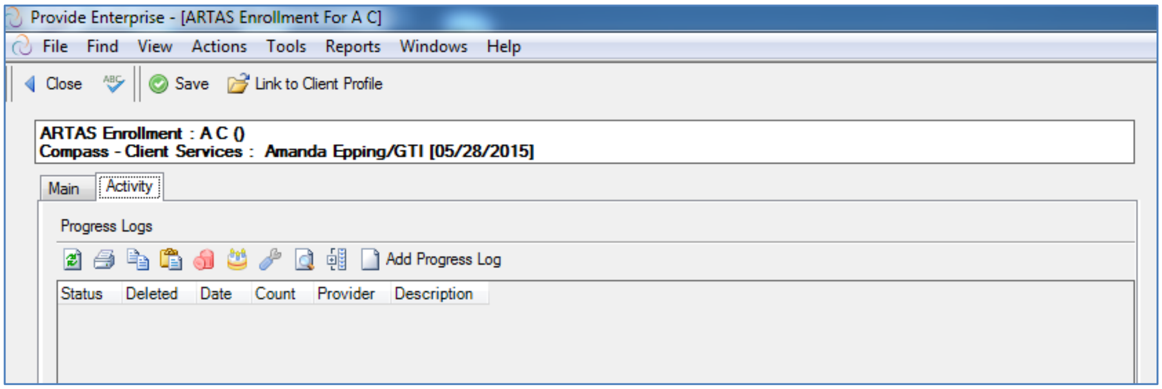


Fill in the appropriate fields:

- **Status -** It will default to "Admitted" but can change to "Discharge."
- **Intake Date –** Enter the intake date.
- **Admission Date –** Enter the admission date.

- **Discharge Date –** Enter the discharge date.
- **ARTAS Case Manger –** This will default to the user's name, but a different provider can be selected.
- **Target Population –** Select the target populations by placing a check mark the corresponding boxes.

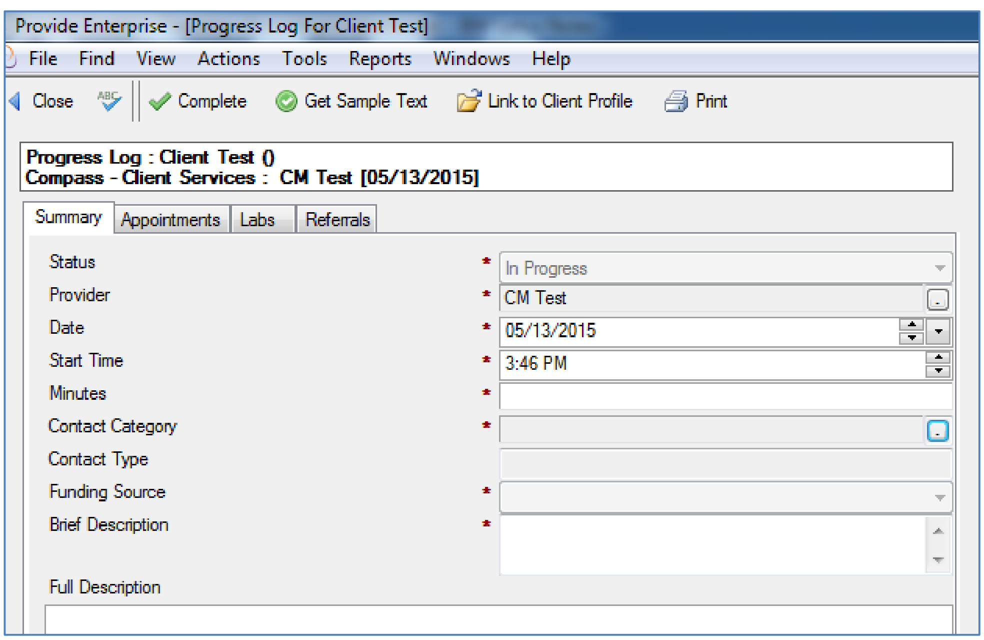
Activity Tab:



Progress Log

This form is designed to capture the date and time and number of minutes that a provider spent working with or on behalf of a Client. Notes of the encounter/effort should be documented.

To add a progress log, click on Add Progress Log.



Fill in the appropriate fields:

- **Status -** It will default to "In-Progress" until the progress log is completed.

- **Provider -** Select the provider name from the list by clicking on the . Double click on the provider name. The funding source will automatically populate.
- **Date -** Enter the date.
- **Start Time -** Enter the start time.
- **Minutes -** Record the minutes.
- **Contact Category –** Select the contact category.
- **Contact Type and Funding Source –** These will auto populate based on the contact category selected.
- **Brief Description -** Enter a brief description.
- **Full Description -** Write your full note.
- **Appointments, labs, and referrals –** These can be created on each of the corresponding tabs of the progress logs.

When the enrollment is complete, click on “Save.” You will be prompted if you want to save your changes, click on “Yes.”

Chapter

16

Mental Health Providers

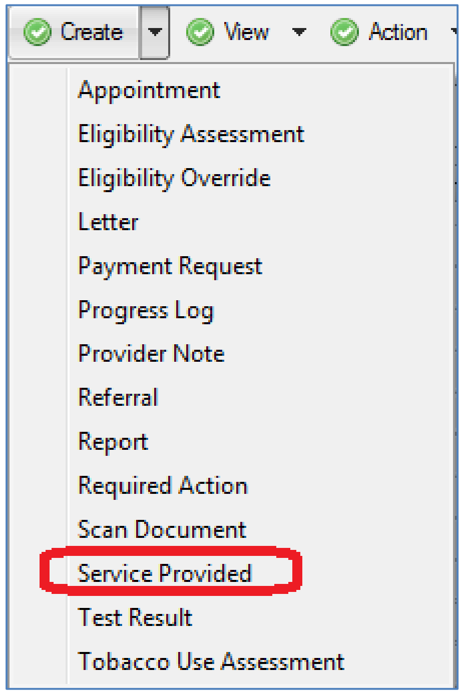
At this time, mental health providers in Provide will only be entering Services Provided which is outlines below. In the future, Mental Health Providers will be able to document additional information including psychosocial evaluations, mental health assessments, and mental health actions plans.

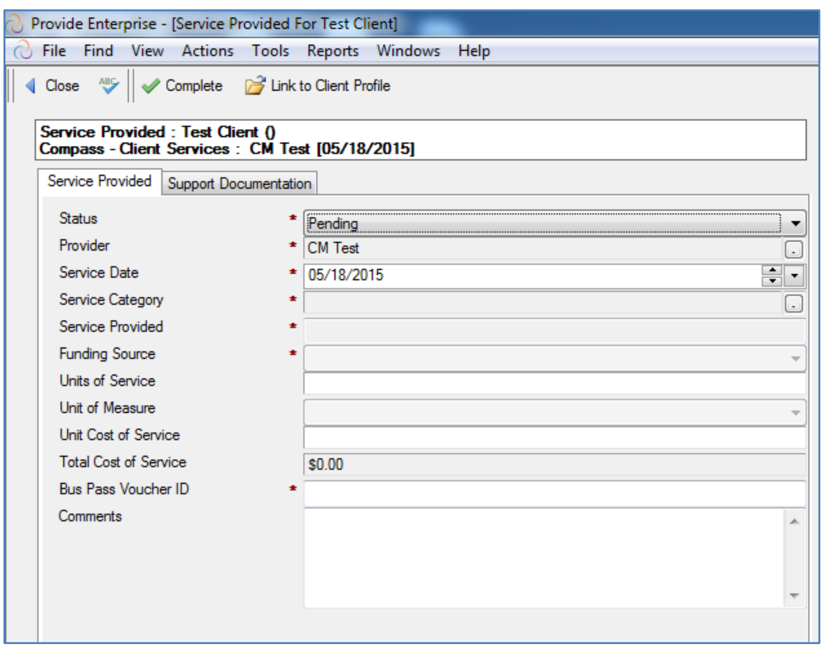
**To enter a mental health service provided, you must have a client service category profile for mental health. Please refer to chapter 5 of this guide for the steps to create a client service category.*

Services Provided

This form is used to capture when a service is provided to a Client. Service provided records are used to track services only when a more detailed or specific record type would not be appropriate – e.g. a Procedure or Progress Log.

To create a service provided, under create click on "Service Provided."





Fill in the appropriate fields:
**Depending on the service provided, the date entry fields will vary.*

- **Status -** Select the status of the service provided.
- **Provider -** Select the type of appointment.
- **Service Date –** Select the service date from the list by clicking on the
- **Service Category –** Select the service Category

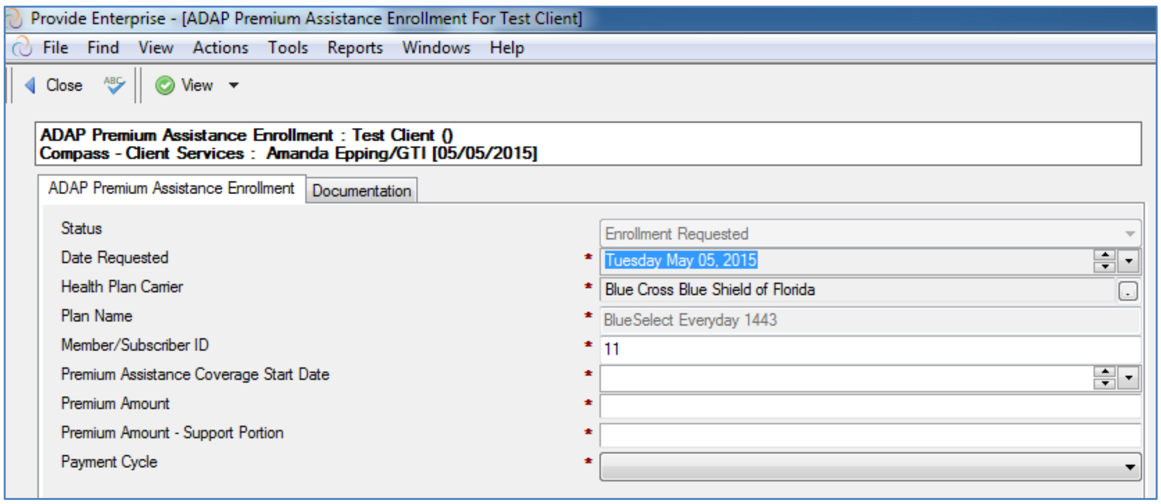
- **Service Provided, Funding Source, Units of Service, Unit of Measure –** These will populate based on the selected service category.
- **Unit cost of Service –** Enter the unit cost of service.
- **Total Cost of Service –** This will be computed and automatically populate.
- **Buss Pass Voucher ID –** Enter the bus pass voucher ID.
- **Comments –** Enter any comments needed.
- **Support Documentation Tab –** Scan/attach any necessary support documentation. Directions on how to “Create a Scan” can be found at the end of chapter 3 or at the end of chapter 5 in this manual.

Chapter
17

Florida Department of Health

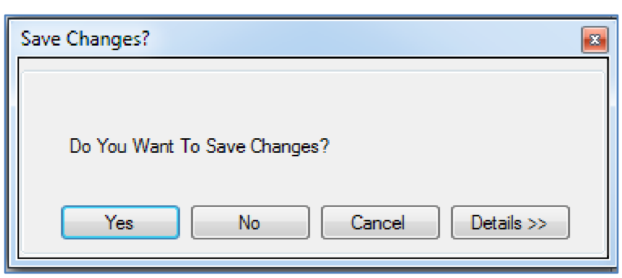
ADAP Premium Assistance Enrollment

To add an ADAP Premium Assistance Enrollment, click on Add ADAP Premium Assistance Enrollment.



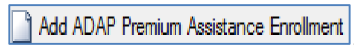
Fill in the appropriate fields.

- **Status –** This will be default to "Enrollment Requested."
- Fill out each field and review the documentation on the "Documentation tab."
- When the form is complete, click on When the record is completed, click on Close. Then you will receive the prompt below:



- Click on "Yes" to save the changes.

ADAP Medication Assistance Enrollment

To add an ADAP Medication Assistance Enrollment, click on 

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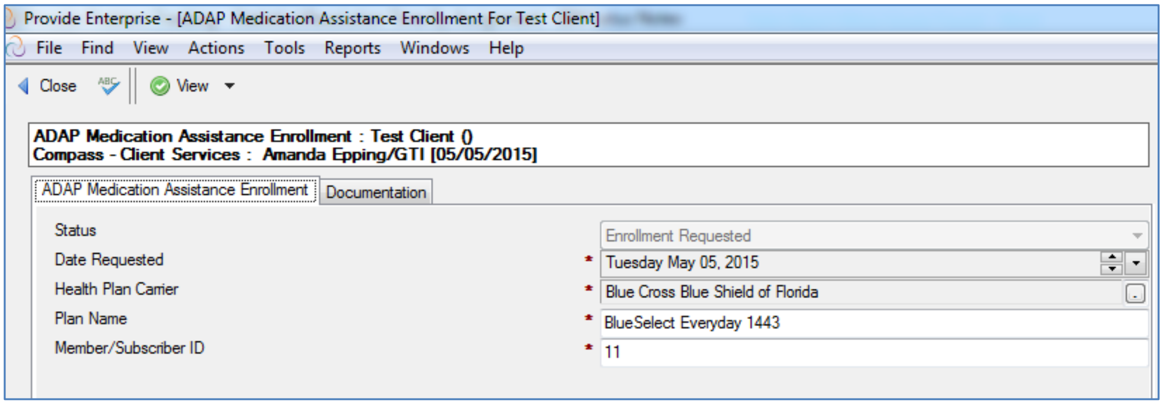
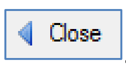
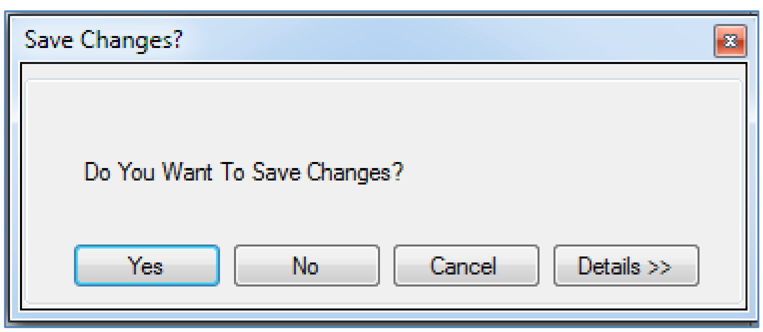


Fill in the appropriate fields.

- **Status –** This will be default to "Enrollment Requested."
- Fill out each field. Most of the fields will auto-populate with the information that you have already entered into Provide. Review the documentation on the "Documentation tab."
- When the form is complete, click on When the record is completed, click on 

. Then you will receive the prompt below:



- Click on "Yes" to save the changes.

Chapter

18

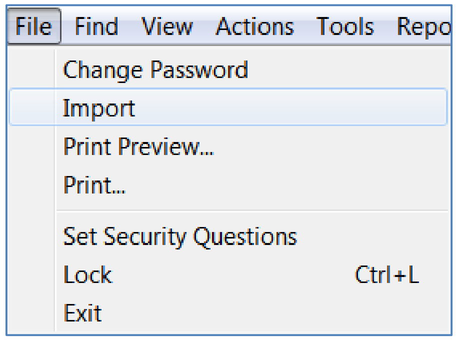
Imports

You can import Client Records, Client Sub Records and Activity Records into Provide® Enterprise.
There are a number of common characteristics that you must keep in mind when preparing to import records into the system.

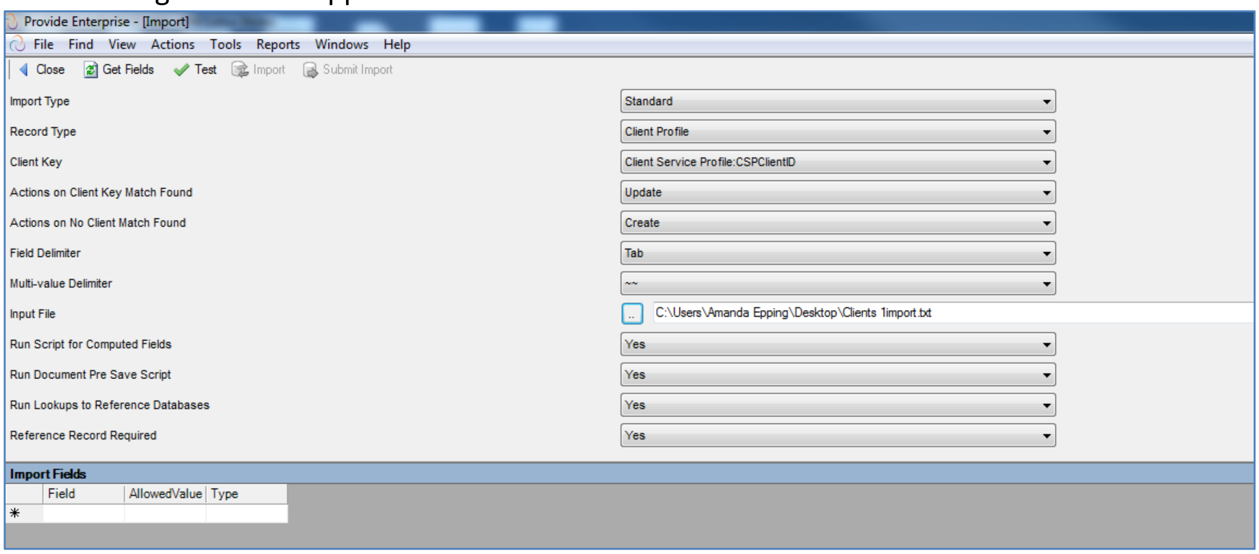
- All input files need to be formatted as an ASCII delimited text files with the first record (header) containing the Provide® field names.
- GTI recommends using "tab" for the field delimiter as input files may contain commas or semicolons.
- GTI does not support the import of rich text fields.
- All dates must be in MM/DD/YYYY format
- Imports require a unique file for each table. For example, data fields for the client profile cannot be imported at the same time as data fields for an allergy record. You must do two separate imports.
- Additionally, each record must have a separate row in the input file. For example, you cannot have three vaccinations in one row. A separate record would be needed for each vaccination.
- All records have a certain number of required fields that are needed in order to save a record. Within Provide® Enterprise these fields are marked with a red asterisk. When importing, however, the only time all required fields are necessary is when doing the initial client import. Though you may be able to import records without including all required fields, it is always better to include them. Not importing all required fields may cause errors when editing the record at a later date.
- All imports generate error files.
- In order for Client Sub-Records and Activity Records to be imported, the record's Client Key ("Client ID", "Client Name", "HealthPlan + Member ID" or "SSN") must match an existing Client Key of a Client Service Profile that fits the user's (Importer's) User Profile.
- In order for Client Sub-Records and Activity Records to be imported, the Client Profile or a backup Client Profile must be released to the record's Organization-Program.

Importing a File

To import into Provide, Click on "File – Import."



The following screen will appear:



<u>Import Type:</u> Select Standard or Custom
<u>Record Type:</u> Select the record type you wish to import.
<u>Client Key:</u> Select the client key that is based on the record type.
<u>Multi-Value Delimiter:</u> Select comma, tab, semicolon, colon, or ~~.

<u>Input File:</u> Click on the  and select the file you are importing.
<u>Run Script for Computer Fields:</u> Select "Yes" or "No." Within the Data Dictionary, there are a number

of fields that are computed automatically within Provide® Enterprise. Examples of computed fields include the "ACreateDate" (the date a document is created in the system) and the Selector Description (the description of each document that shows in the database views). If you wish to automatically compute these fields at the time of import, simply leave this field set to "Yes". If you wish to actually include the computed fields in your import file, select "No" and make sure that you include all of the computed fields in your import file.

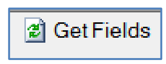
<u>Run Document Pre Save Script:</u> Select "Yes" or "No." There are a few documents in Provide® Enterprise that have an associated "Pre Save Script", meaning that prior to saving the document completely; a script is activated to perform a specific function. For example, when creating a Client Service Profile, there is a Pre Save Script in effect to

create a Client Service Profile History record. If you want the system to automatically run these Pre Save scripts at the time of import, simply leave the field set to “Yes”. If you do not want to run the Pre Save scripts, set the field to “No”.

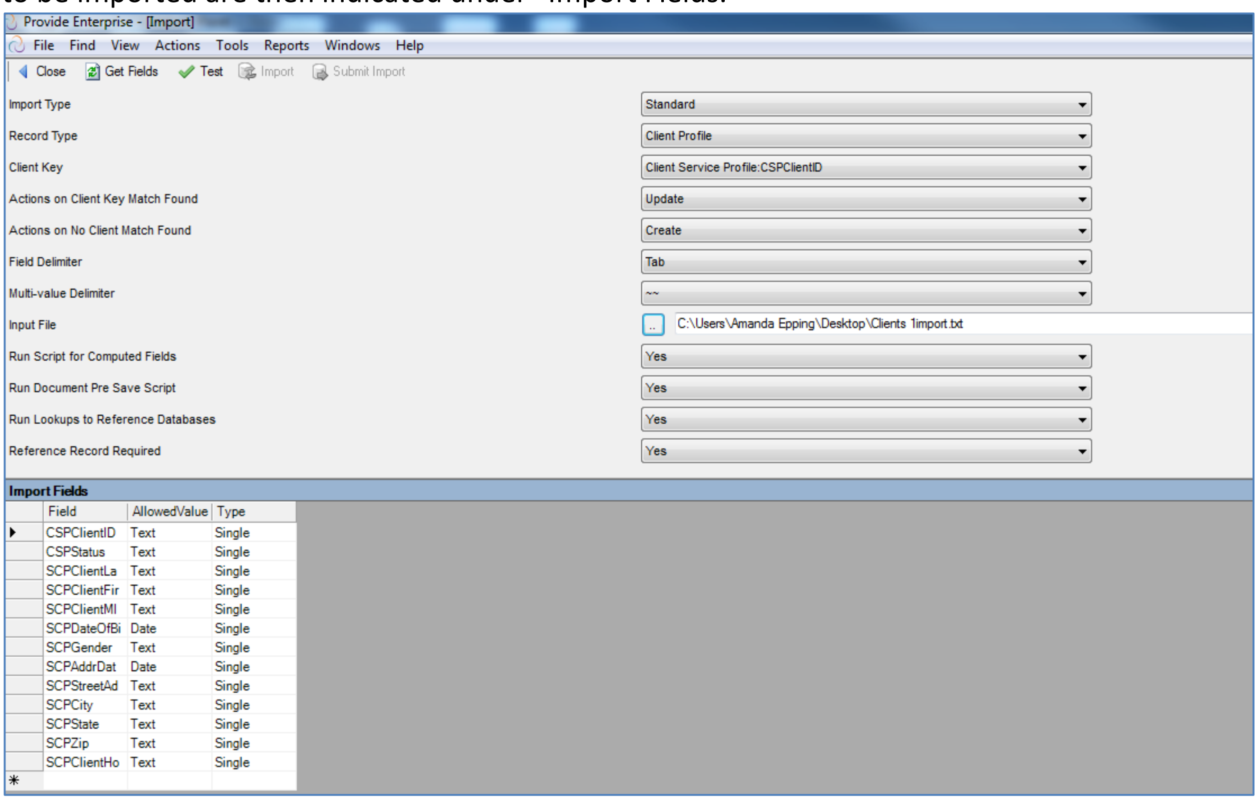
Run Lookups to Reference Databases: Select “Yes” or “No.” For selected Activity imports, the system

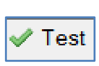
has the ability to lookup information in the Reference databases to ensure that data in the import file matches information in the Reference Databases. For example, if you are importing Procedure records, Provide® Enterprise can look to the Code Sets Database to ensure that the CPT Codes you are importing are valid. If you want the system to automatically Run lookups to the Reference Databases, leave this field set to “Yes”. If not, change the field to “No”. NOTE: It is recommended that you use the lookups to the Reference Databases to ensure data quality.

Reference Record Required: Select “Yes” or “No.”

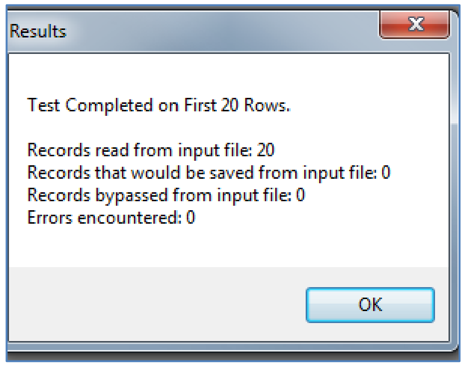
After you enter the information above, click on 

. The fields there are giong to be imported are then indicated under “Import Fields.”

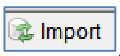


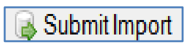
Then, click on 

to complete a test of your import. The results will then appear as seen below:



When you are satisfied with your results, you have two options to complete your import. If you

click on 

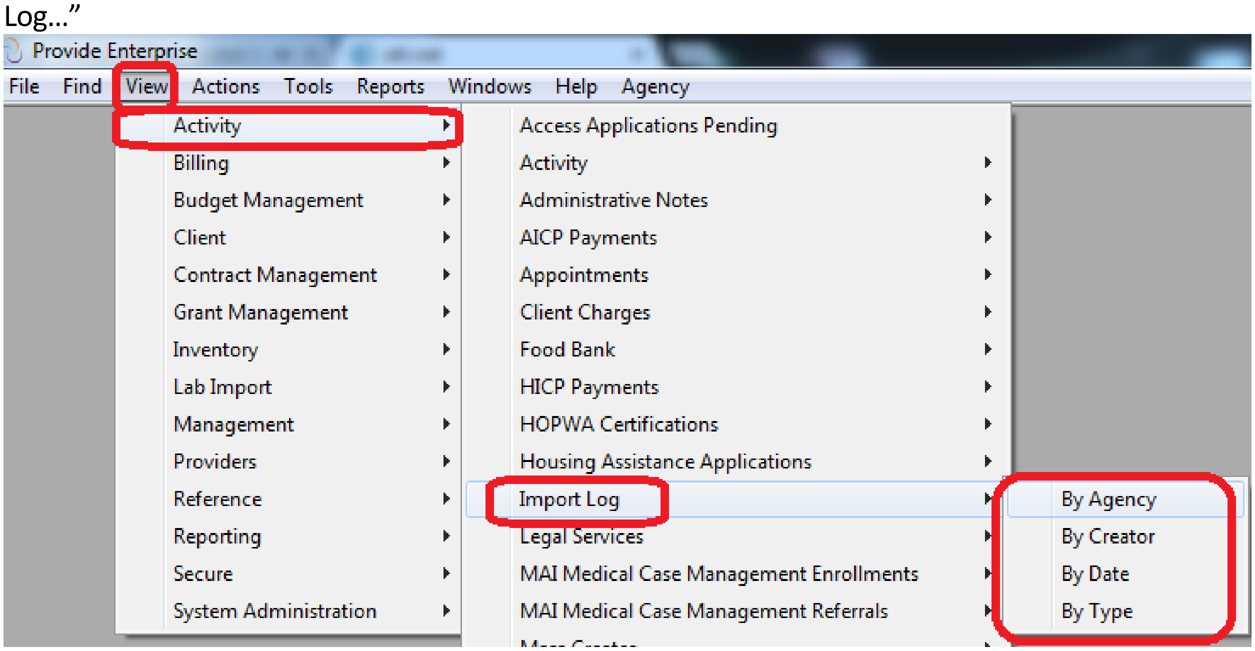
, the import will be completed immediately in the system. If you click on 

, the import will be completed in the system overnight.

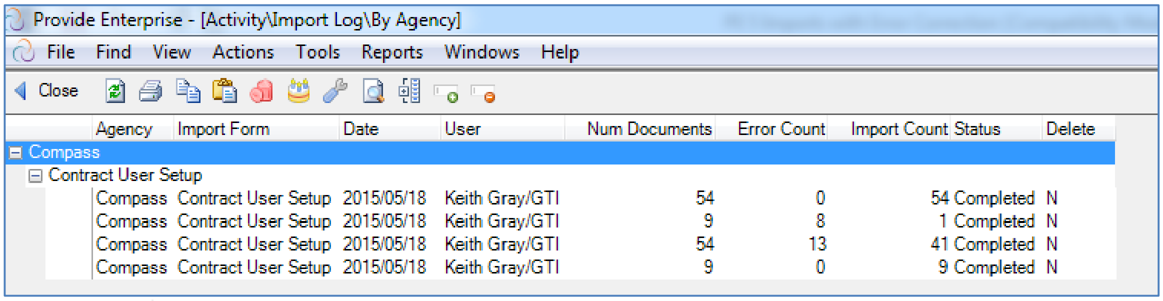
Monitoring Imports

After imports have been run, the import log contains the original import file as well as an error file (listing any errors that occurred during the Import Process), and an error records file (a file containing the records that caused errors during the initial import.) The Error Records file can be used to import corrections once they have been made (either in the file itself or the matching client files in Provide® Enterprise. It is important to monitor the import logs, especially if the system is automatically importing data from another system.

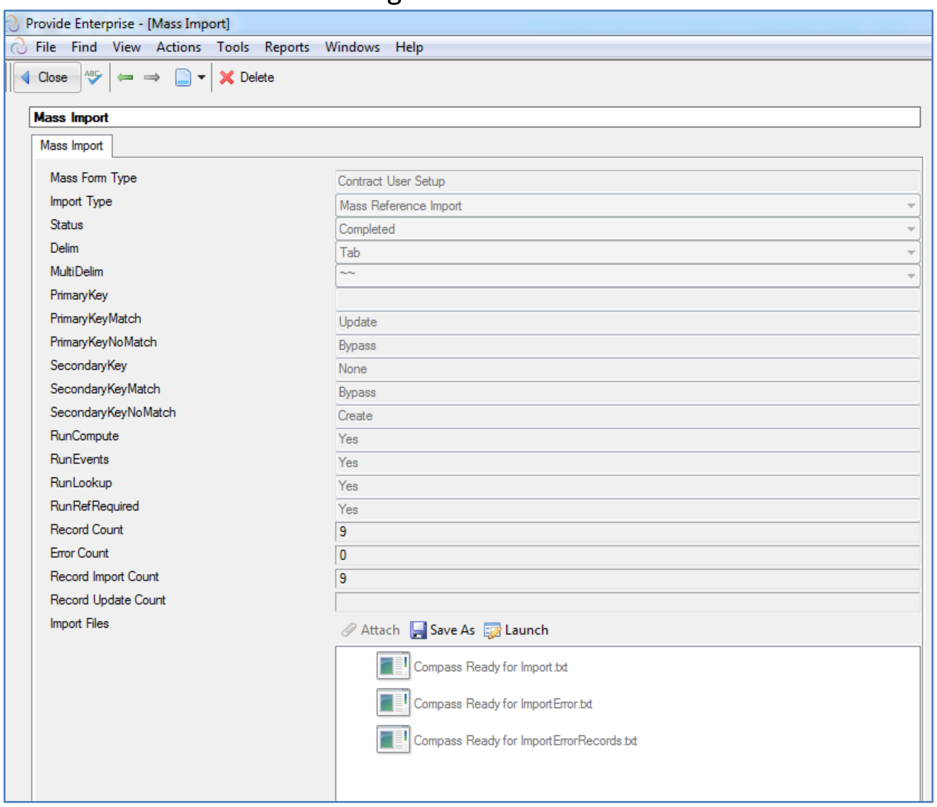
To view the Import Logs, navigate to the "Imports" Views, under "View\Activity\Import Log..."



You will see all Import Logs that have been created in the system, similar to that in the figure below:



Click on the ⊞ next to a given category in the view to expand that section. Once the section is expanded, you can double click on the actual import log to open the log file. When the file opens, it will look similar to that in the figure below.

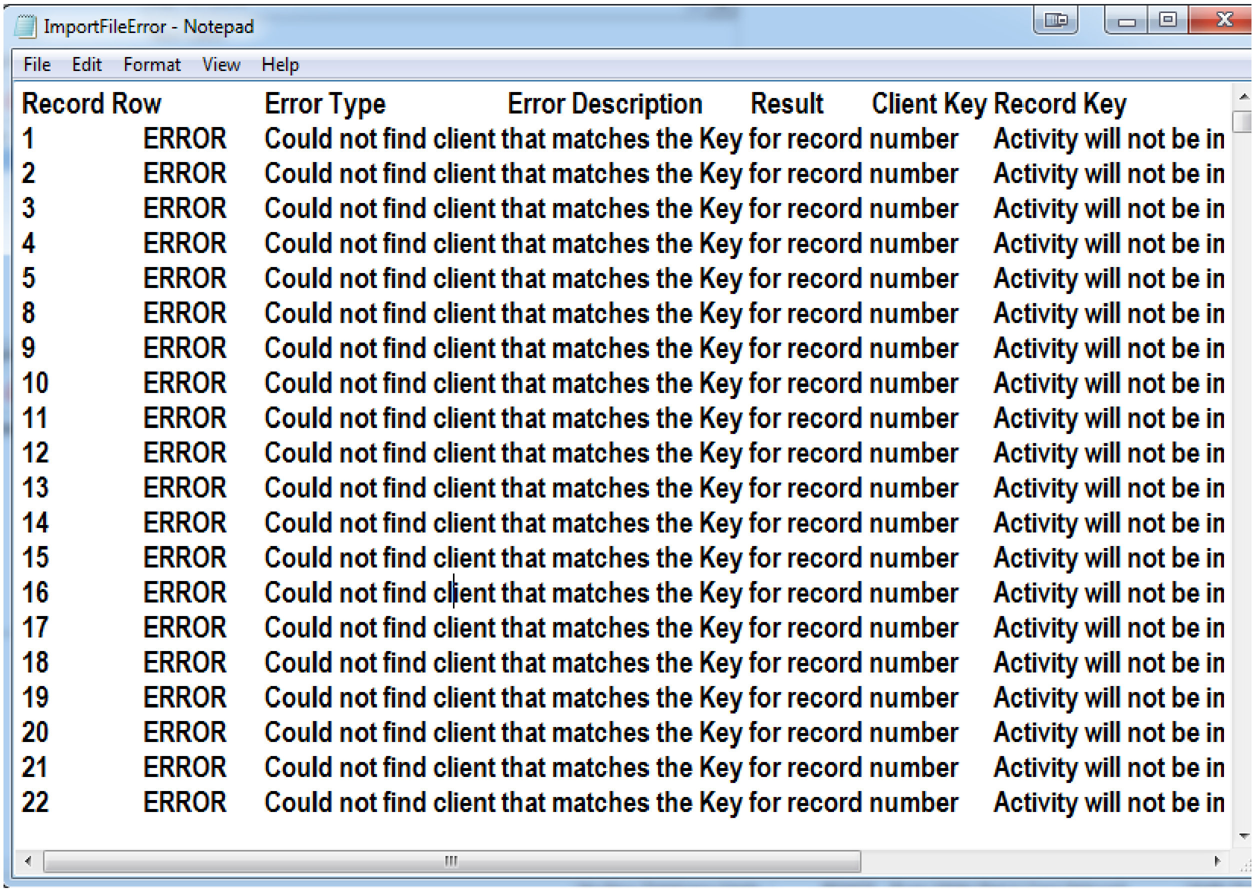


Note: In the screenshot above, the first Import file is the original file that was imported into Provide Enterprise.

The “Import File Error” file is the file that lists out each error that resulted from the import.

The “Import File Error Records” is the file containing all of the records that generated errors.

If you “Launch” the Import File Error file, you will see messages defining what the specific errors were, seen in the figure below:

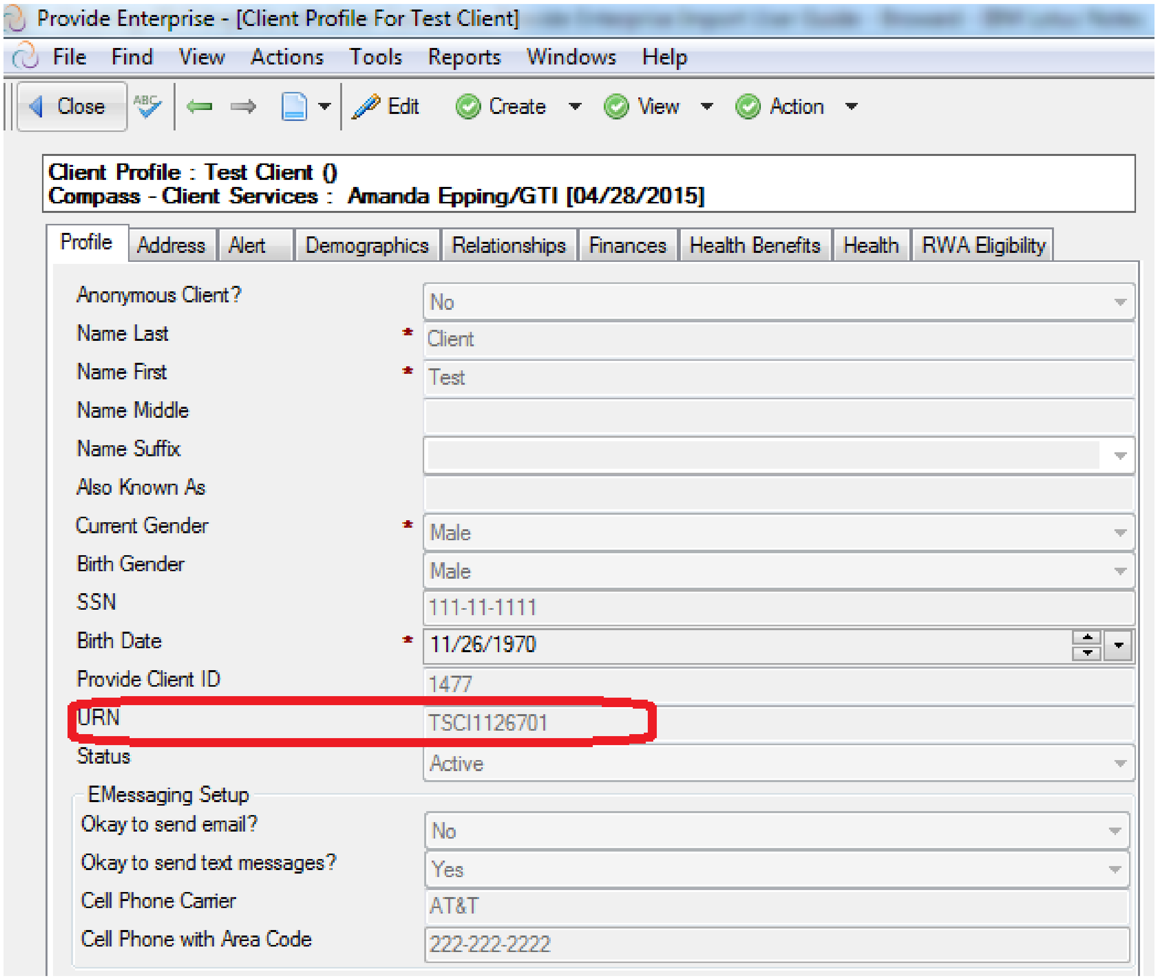

ImportFileError - Notepad

File Edit Format View Help

Record Row	Error Type	Error Description	Result	Client Key Record Key
1	ERROR	Could not find client that matches the Key for record number	Activity will not be in	
2	ERROR	Could not find client that matches the Key for record number	Activity will not be in	
3	ERROR	Could not find client that matches the Key for record number	Activity will not be in	
4	ERROR	Could not find client that matches the Key for record number	Activity will not be in	
5	ERROR	Could not find client that matches the Key for record number	Activity will not be in	
8	ERROR	Could not find client that matches the Key for record number	Activity will not be in	
9	ERROR	Could not find client that matches the Key for record number	Activity will not be in	
10	ERROR	Could not find client that matches the Key for record number	Activity will not be in	
11	ERROR	Could not find client that matches the Key for record number	Activity will not be in	
12	ERROR	Could not find client that matches the Key for record number	Activity will not be in	
13	ERROR	Could not find client that matches the Key for record number	Activity will not be in	
14	ERROR	Could not find client that matches the Key for record number	Activity will not be in	
15	ERROR	Could not find client that matches the Key for record number	Activity will not be in	
16	ERROR	Could not find client that matches the Key for record number	Activity will not be in	
17	ERROR	Could not find client that matches the Key for record number	Activity will not be in	
18	ERROR	Could not find client that matches the Key for record number	Activity will not be in	
19	ERROR	Could not find client that matches the Key for record number	Activity will not be in	
20	ERROR	Could not find client that matches the Key for record number	Activity will not be in	
21	ERROR	Could not find client that matches the Key for record number	Activity will not be in	
22	ERROR	Could not find client that matches the Key for record number	Activity will not be in	

The most common error is “Could not find client that matches the Key for record number…”. This indicates that Provide Enterprise was unable to find a client using the key identified in your import file. Typically, this means that the client may have an incorrect URN.

To fix this, you will need to find out who the client is from your EMR system. Once you have figured out who the client is, you can navigate to that client’s profile in Provide Enterprise (using one of the Views of clients or using the Find\Client function). Once in the Client Profile, you can see the Client Service Profiles on the bottom of the “Profile – General” tab, seen in the screenshot below:



NOTE: Possibly the URN is incorrect on the import and it need to match the client's URN in their profile. If the URN is then corrected on the import, this client will then be able to have services imported.

After fixing all appropriate errors, simply re-import the Import File Error Records by following the steps at the beginning of this guide.
Contact the Provide Help Desk (provide.help@grouptech.com) should you receive other errors during the import process.

Chapter

19

Reports and Reporting in Provide

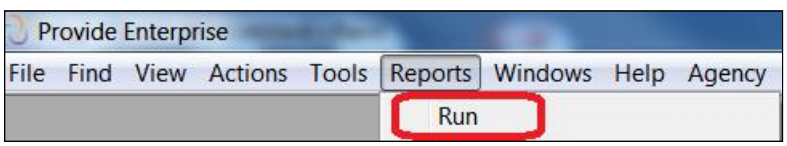
Reports Menu

From the Reports Menu you can either run a report or manage your report objects. Each of these items is discussed below.

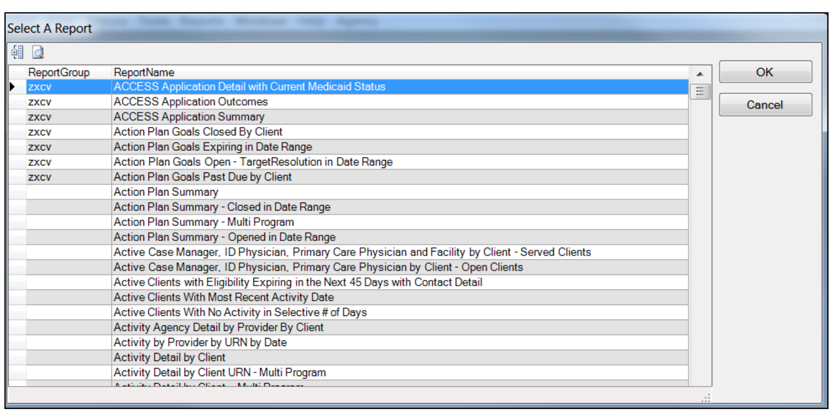
Run

Using the “Run” selection will allow you to run any “Stand Alone” reports that have been added to your system. To do this, follow these steps:

- Select the Reports - Run menu as shown below:

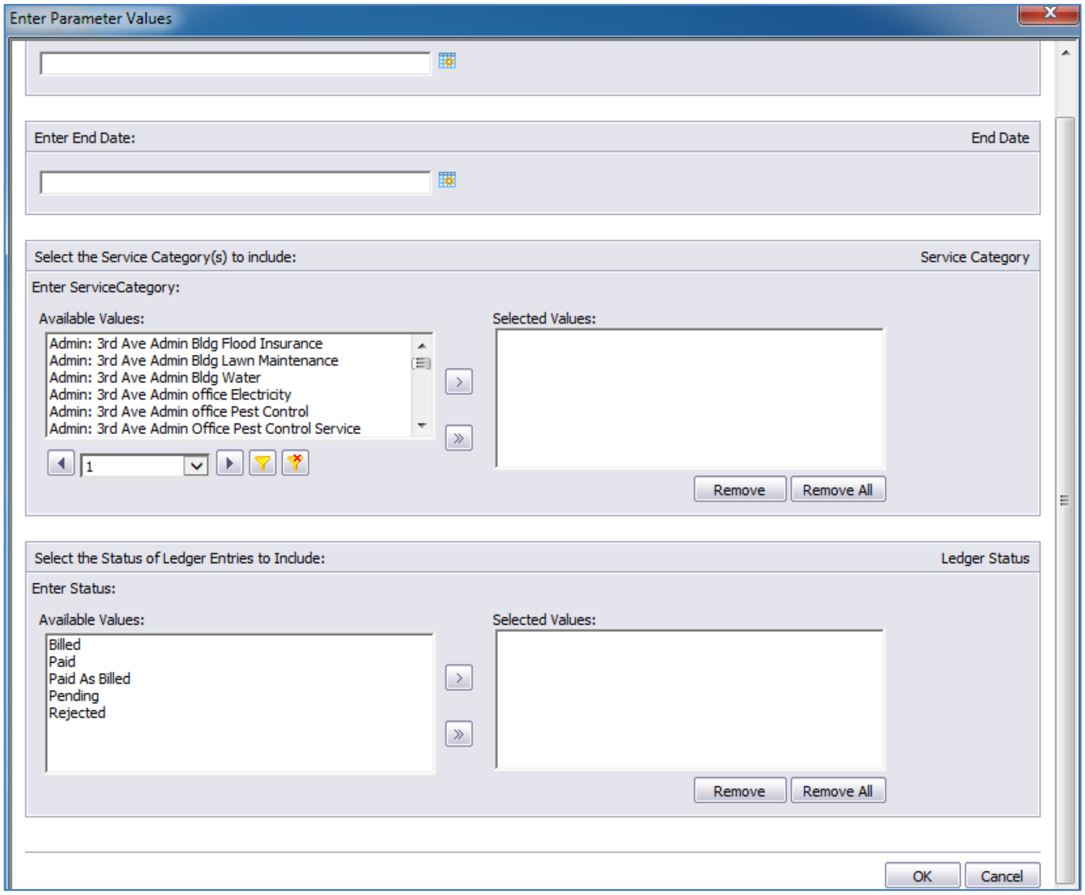


- If you have reports that are available to be run as a “Stand Alone” report, they will be displayed in a dialog box similar the one shown below:



- Simply click on the Report name and then click on the  button to run the report.

- Depending on the report, you may need to select your parameters. For example, you may need to enter the dates of the report or select values from a list. To select a value simple click on the to move the field to your "Selected Values."



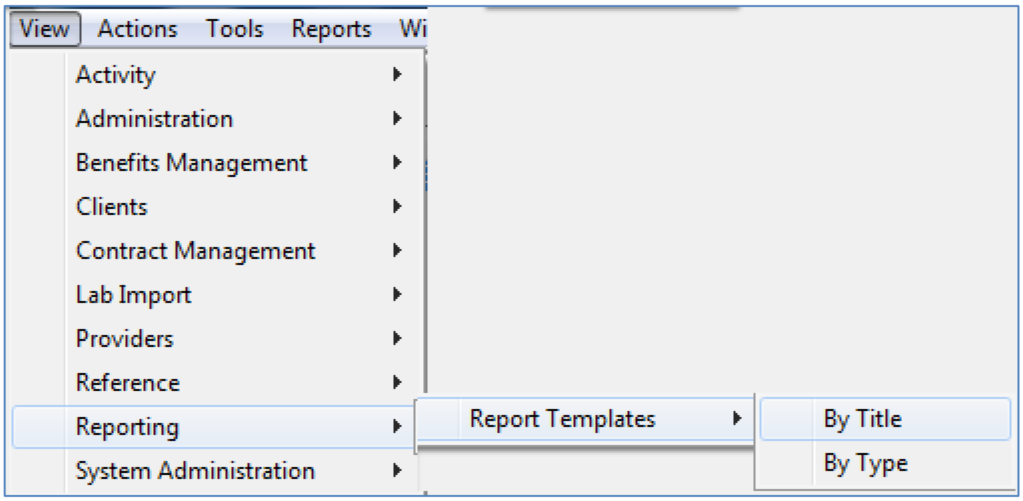
- Depending on the report, you may need to select your parameters. For example, you may need to enter the dates of the report or select values from a list. To select a value simple click on the to move the field to your "Selected Values."
- After you have your parameters entered or selected, click OK to run the report.
- ***It is important to note that depending on the data and the date range, it could take time for the report to generate.

Template Reports

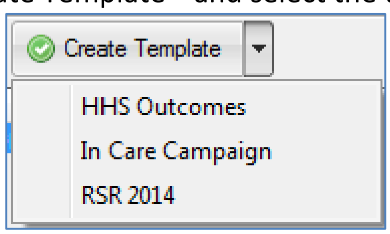
Reports including the HHS Outcomes, In Care Campaign, and the RSR are ran from templates in Provide.

Creating a New Report Template

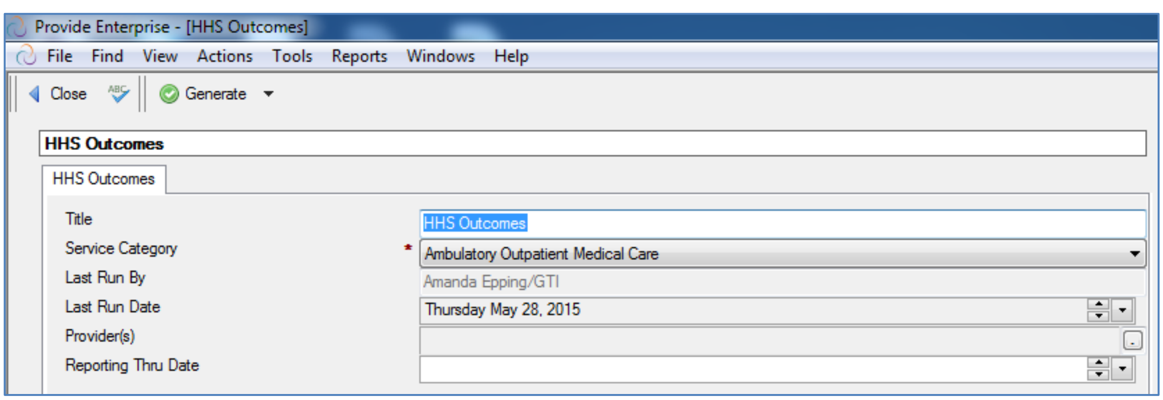
To create a new template report, you will need to go to "View – Reporting – Report Templates – By Title or By Type"



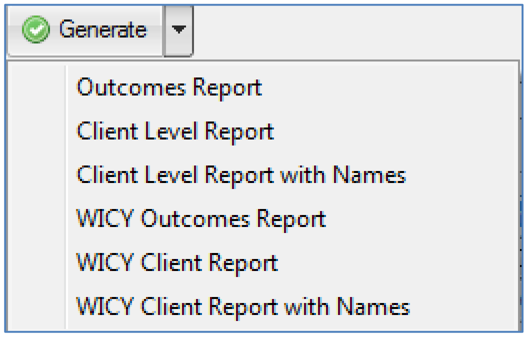
From that view, click on "Create Template" and select the template you want to create.



The report template, similar to that in the figure below, will open on your screen:



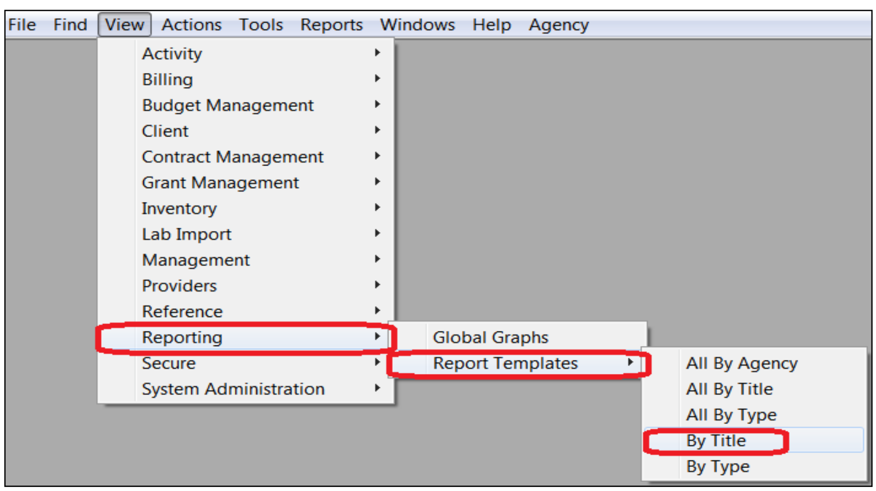
Each template report will be slightly different. For the one above, you would need to select the providers and enter a thru date. Then, you would click on “Generate” and select what report you would like to generate.



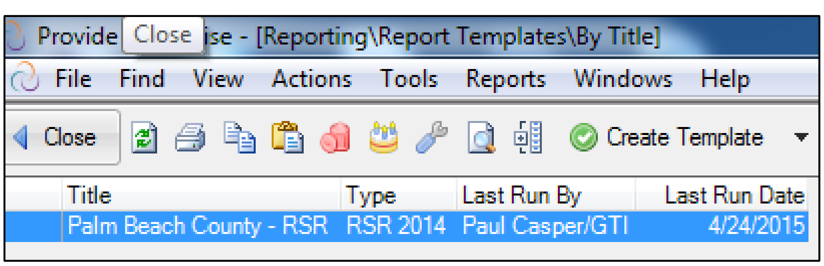
Editing and Running a Saved Report Template

Once you have saved a Report Template, it is easy to access it at a later date so that you can re-run it for the same date period or for a new date period without having to set up a new report template.

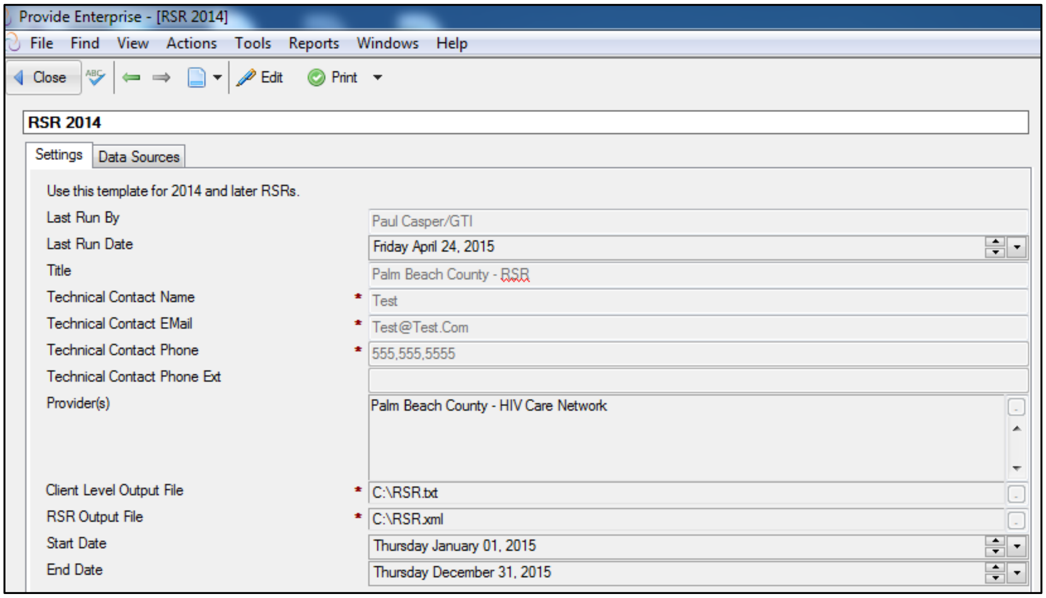
- From within Provide® Enterprise open one of the Reporting Views, using the navigation from the Windows Toolbar (*View – Reporting – Report Template…)*, similar to that seen in the figure below:



- A view, similar to that seen below, will open on your screen:

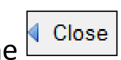


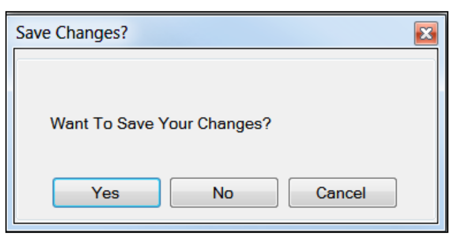
- Find the template that you want to run and double click on the template. It will open up on your screen and will look similar to that in the figure below.

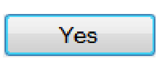


- Click on the  button to edit the report template. Enter the Agency(s) you want to run the report, and change any other applicable fields, such as the Start and End Dates.

- After you have filled out all applicable fields, “Generate” or “Compile Client Data” etc depending on the report you are running

- After you are done working with this report template, simply click on the  button. A message similar to the one below will open.



- Click on the  button if you wish to save the template. Saving the template will ensure that you can re-run the export at a later date, making only the necessary changes in the date range of the report, without having to setup a new template.

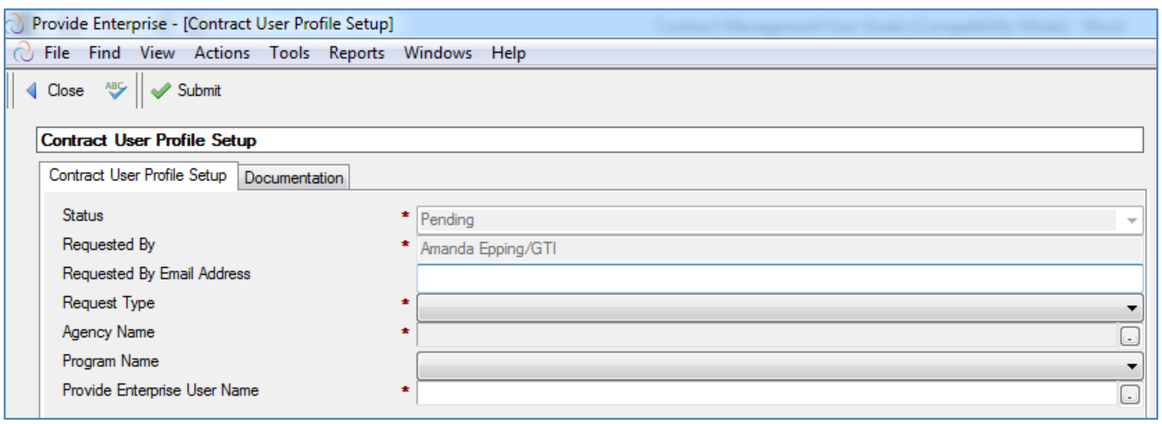
Chapter

20

Contract Management

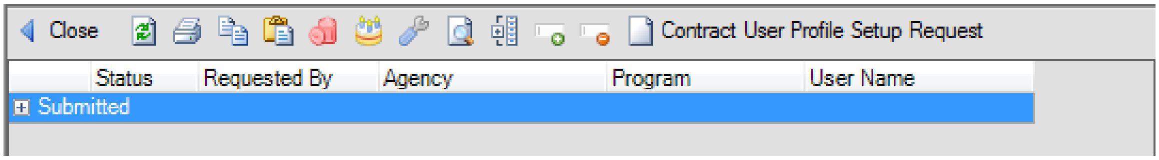
Contract User Profile Setup

In order for a PE User to be able to access any Client or Service data associated with a given Contract the User must have a "User Profile" associated with the Contract. These are created from the view "Contract Management\Setup Requests\User Profiles."Then, click on "Contract User Profile Set-Up Request. The User Profile Setup form appears as follows:



Fill in the form. The combination of the fields Agency and Program Name define the Contract that you are requesting that the User be granted access to Client and Service data for.

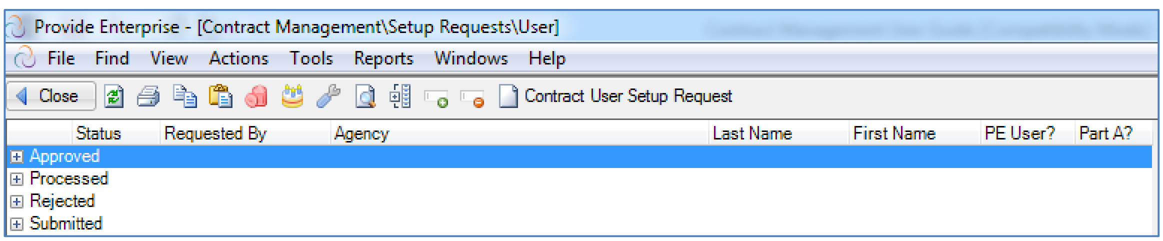
When all filled in, click the "Submit" button. If the setup request passes all edit checks it is placed in a queue for Contract Administrators to review and Approve if appropriate. You can return to the view "Contract Management\Setup Requests\User Profile" as shown below to check on the status of your request:



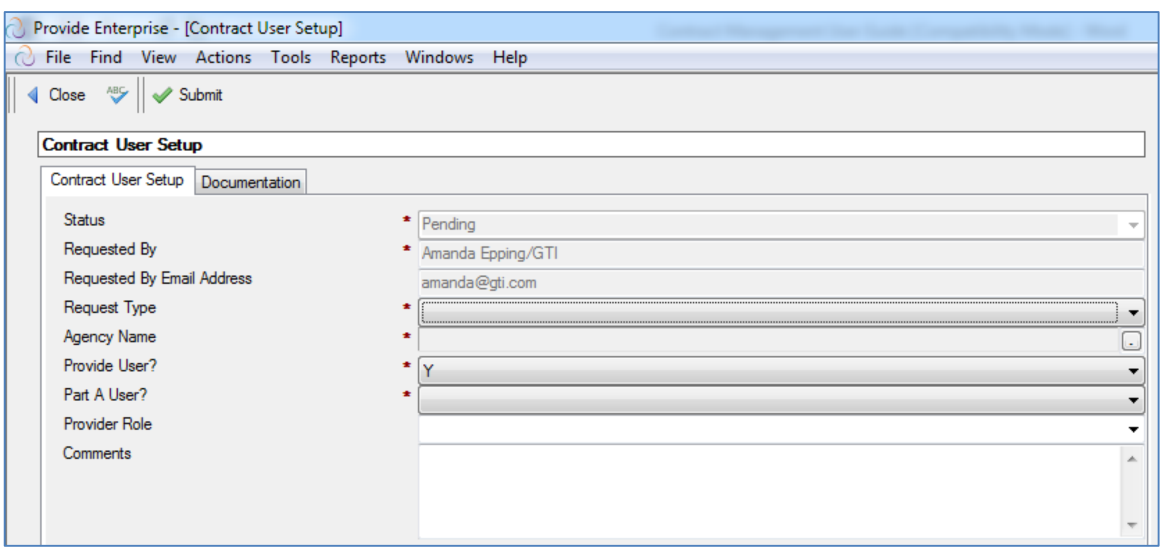
Open the submitted record and click ether the “Approve” or “Reject”. Once approved, they will go into a Queue for the PE Administrators (GTI staff) to “Process”. Once Processed the User Profile will have been created and the User will then have access to the records associated with the Contract.

Contract User Setup

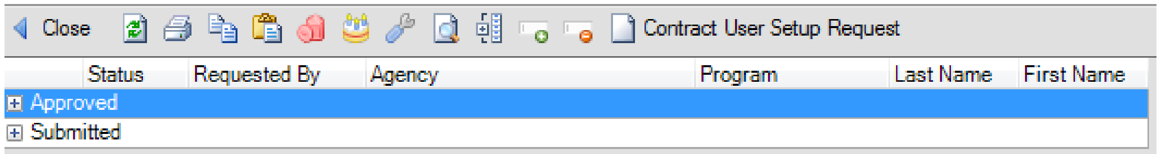
In order for a PE User to be granted access to the PE system at all they must have a valid User account. The Contract User Setup form is used to request the setup of a new user to the PE system, to request the replacement of an existing user with a new one (staffing change) or to request the deletion of an existing user. To create a new Contract User Setup, open the view “Contract Management\Setup Requests\User” as shown below.



Click the “Contract User Setup Request” button and the form will open as shown below.



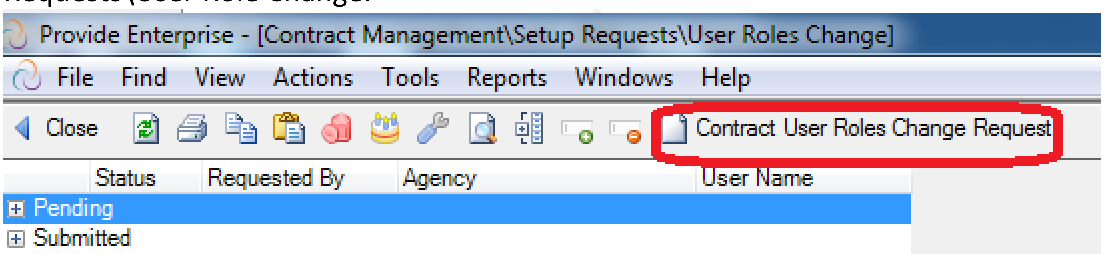
Select the Request Type (Add User, Delete Users, Replace User). Each option presents different fields to be filled in on the form. If the setup request passes all edit checks it is placed in a queue for Contract Administrators to review and Approve if appropriate. Open the view “Contract Management\Setup Requests\User” as shown below:



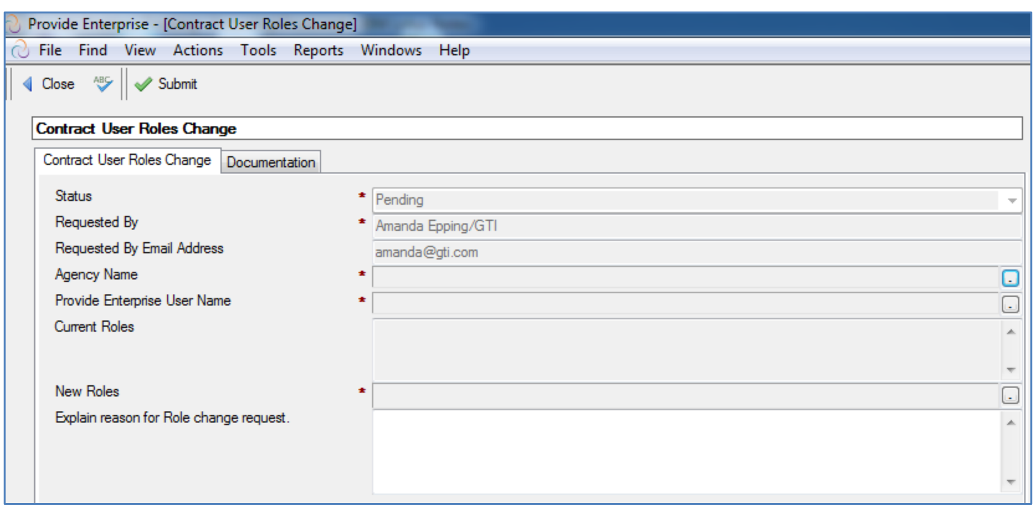
Open the submitted record and click ether the “Approve” or “Reject”. Once approved, they will go into a Queue for the PE Administrators (GTI staff) to “Process”. The User Name and initial password for the new User will be emailed to the email address that was entered as the “Requested by Email Address” on the Contract User Setup record.

Contract User Roles Change Request

To change a user’s roles within Provide, open the view “Contract Management\Setup Requests\User Role Change.”



Click on “Contract User Roles Change Request.” A form similar to the one below will appear:



Fill in the appropriate fields:

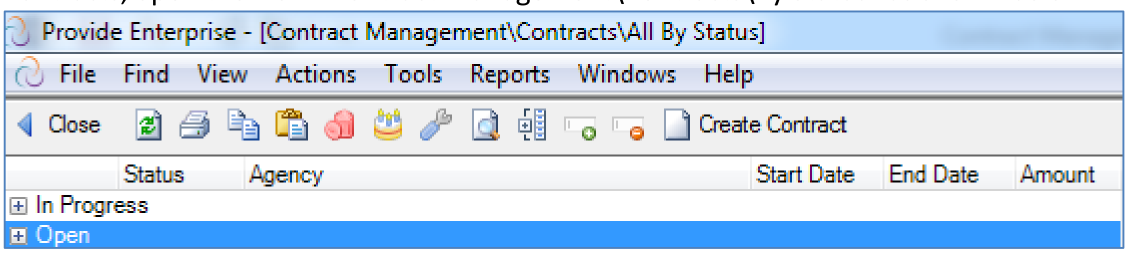
- **Status -** It will default to “Pending” until it has been submitted.
- **Agency Name -** Select the agency name.

- **Provide Enterprise User Name –** Select the user's name.
- **Current Roles –** This will populate with the user's current roles.
- **New Roles –** Click on the . The list of roles will populate. Select the additional roles or remove other roles if needed.
- **Explain reason for Role change request –** Enter the reason for the role changes.

After the form is completed, click on "Submit"

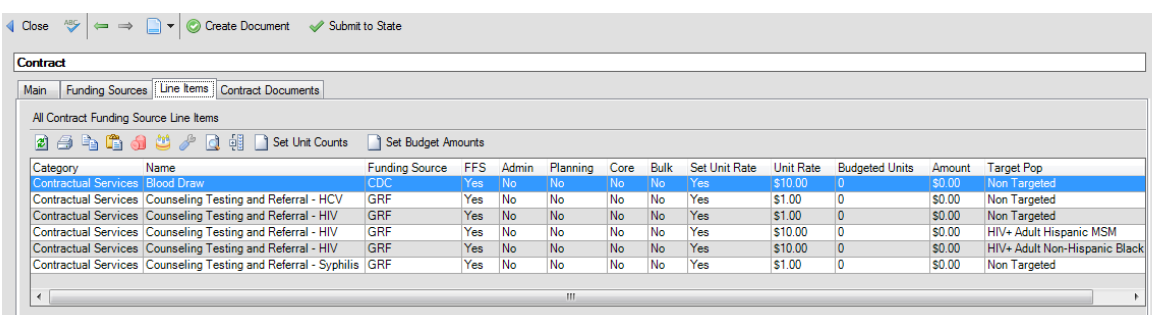
Contract

The Contract record defines the funds allocated to your agency to provide a defined set of services over a given time period. A "Line Item" budget is required and once defined and approved by the State, you are limited by the PE system to billing the State under the Contract to the specific budget limits defined at a Line Item level. To see a list of your Contracts, open the view "Contract Management\Contracts\By Status" as shown below:



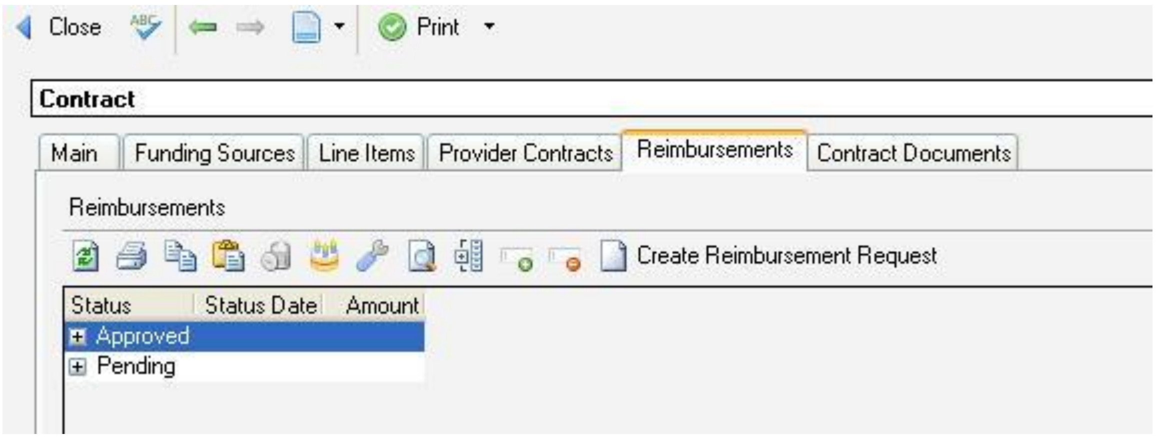
An "Open" Contract is one that the state has set up and is ready for you to enter the Line Item budget. The Contract budget must be set and the Contract Submitted to the State for review/approval before you can begin to generate and submit reimbursement requests. To set the Contract budget, open the Contract record.

The Contract budget is defined by setting projected units or amounts on the individual Line Items. You can open each Line Item on that Funding Source individually to set the Amount or Budgeted Units. All the Line Items on the Contract can be seen by selecting the Line Items tab on the Contract as shown below.

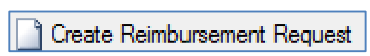


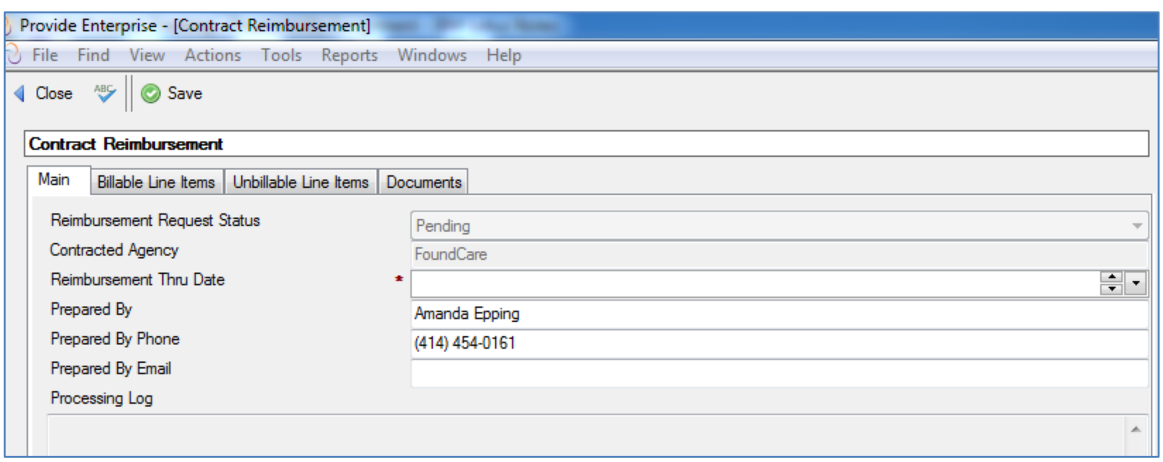
Reimbursement

Once a Contract has been approved by the State, the Reimbursements tab will appear on the Contract form and Reimbursement Requests can be generated by clicking the “Create Reimbursement Request” button.

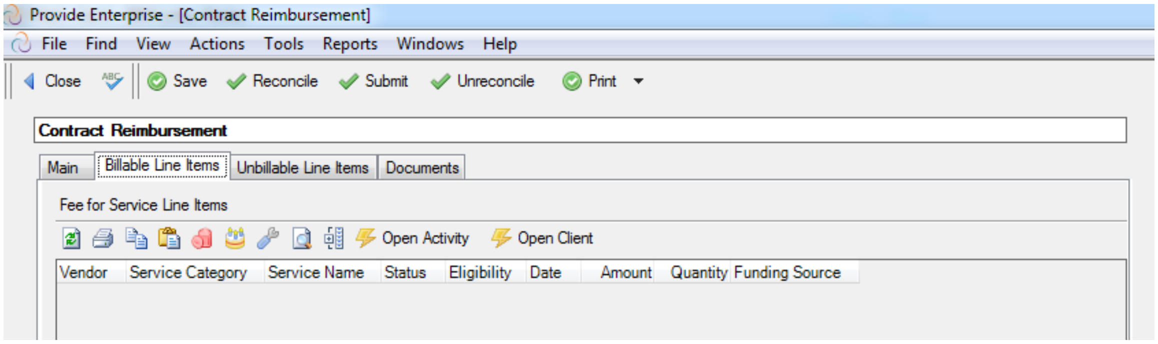


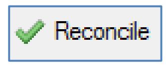
Note that only one active (Pending or Submitted) Reimbursement is allowed at a time for each Contract.

To Create a “Reimbursement Request” click on 

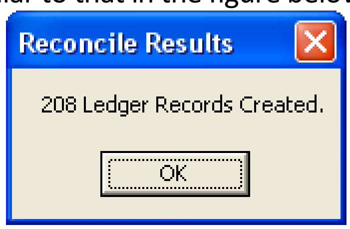


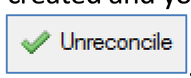
Enter the Reimbursement Thru Date. The Reimbursement Thru Date will automatically adjust itself to the last day of the month. Enter or update the three “Prepared By” fields. These will appear on the printed Reimbursement report. Click the Save button and then click on the Billable Line Items tab.

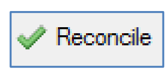


- To pull your services in the reimbursement, click on 

. While the contract reconciles, you will not see anything happen on the screen. However, when the reconciliation process completes, a dialog box will appear telling you how many ledger entries were generated, similar to that in the figure below:



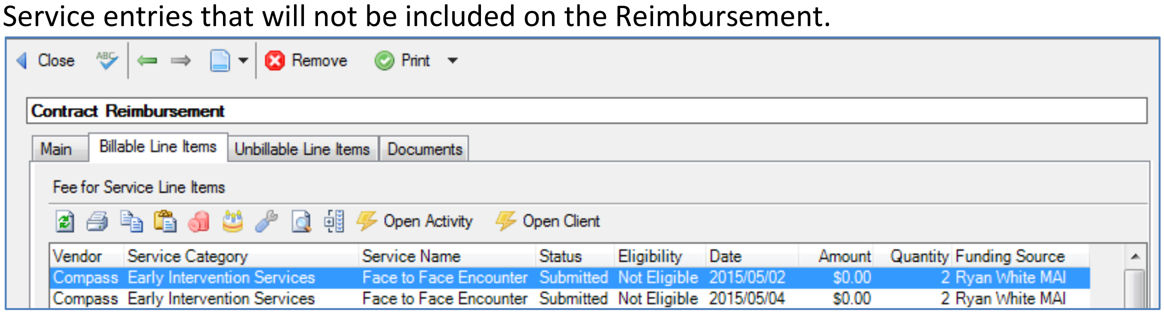
- If additional services are created and you want them to be added to the reimbursement, you will need to click on 

. Then, you can click on 

again to pull the new and additional services into the reimbursement. While the contract reconciles, you will not see anything happen on the screen

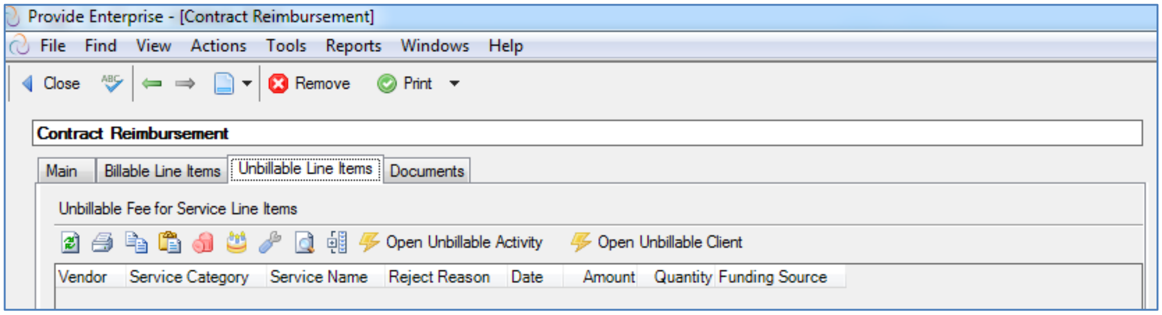
Billable Line Items Expenses

On the billable line Items tab of the Reimbursement to view any Expense or Fee for Service entries that will not be included on the Reimbursement.



Unbillable Items

Click on the Unbillable Line Items tab of the Reimbursement to view any Expense or Fee for Service entries that will not be included on the Reimbursement.



Common reasons Fee for Service Line Items may be marked as unbillable include the client not being Eligible for the service, the Line Item Cap being exceeded or the Provider Contract not being in a status of Open. The Line Item Cap being exceeded means that billing the Amount of this ledger record would put the total amount billed to the Provider Contract Line Item over the amount of money allocated to the Line Item. A Contract Amendment would need to be completed to move additional money into the Line Item in order to bill for the service.

Submitting the Reimbursement

Once all the desired Expense records have been created and the Fee for Service records Reconciled and reviewed, the Reimbursement can be taken through the Submittal process. Click on 

. This will submit the record to the County

The County has three options when reviewing a Reimbursement Request. It may Approve, Return or Reject the request. Returning the request sets the request status back to Pending.

The County may decide to reject the request. The request cannot be altered or resubmitted, though a new Reimbursement Request can be created. In the unlikely case that the State outright Rejects a Reimbursement Request, they will provide additional information as to why the request was rejected on the Documents tab of the Reimbursement.

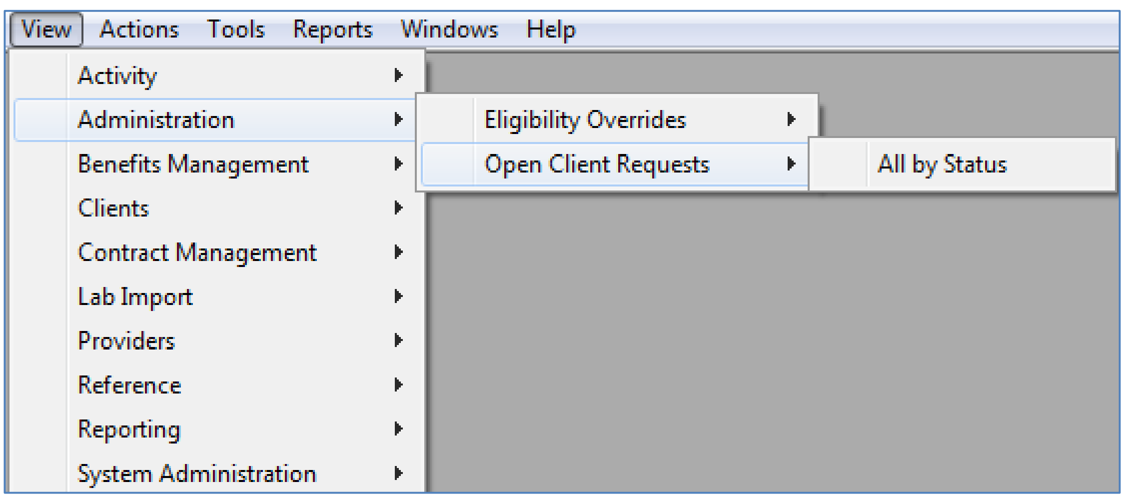
Chapter 21

Palm Beach County

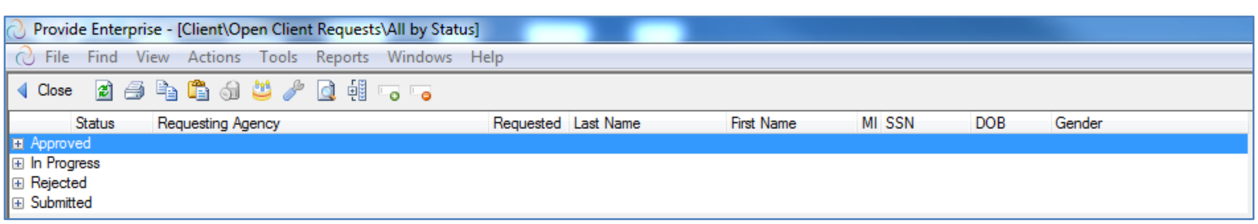
Open Client Request

When an agency request a client to be open to them, Palm Beach staff will review the request and approve or reject the request.

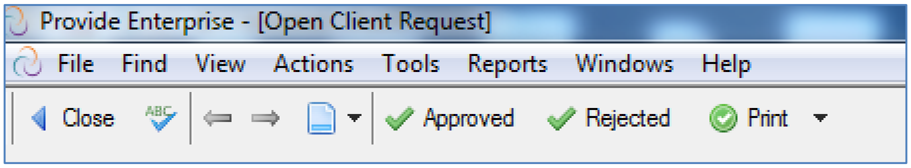
To view an open client request, click on “View- Administration -Open Client Request- All by Status” or “By Status” as shown below:



If you select “All by Status,” you then can view the client request that are “Approved,” “In Progress,” “Rejected,” and “Submitted.”



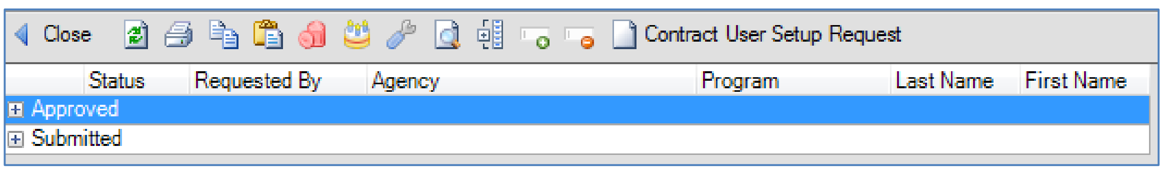
By clicking the , it will expand each view. In the "Submitted" Section, it will list the agency who is making the quest and the client name. Double click on the client to open the request. The client, request, and attachments will then be displayed for you review. After reviewing the request, you can select "Approved or Rejected."



You will then fill in the appropriate response information (many fields will automatically populate) and you will need to type in a rejection reason (if the request was rejected).

Approving User Profile Setup

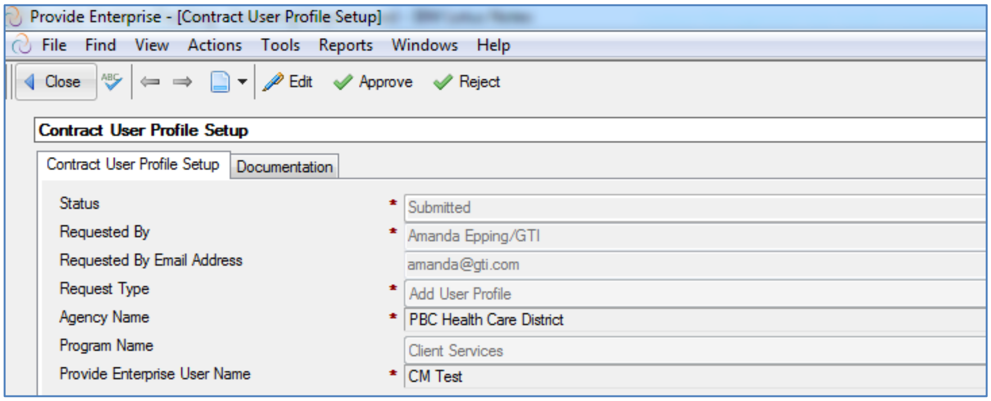
If the setup request passes all edit checks it is placed in a queue for Contract Administrators to review and Approve if appropriate. Open the view "Contract Management\Setup Requests\User" as shown below:



Open the submitted record and click ether the "Approve" or "Reject". Once approved, they will go into a Queue for the PE Administrators (GTI staff) to "Process". The User Name and initial password for the new User will be emailed to the email address that was entered as the "Requested by Email Address" on the Contract User Setup record.

Approving Contract User Profile Setup

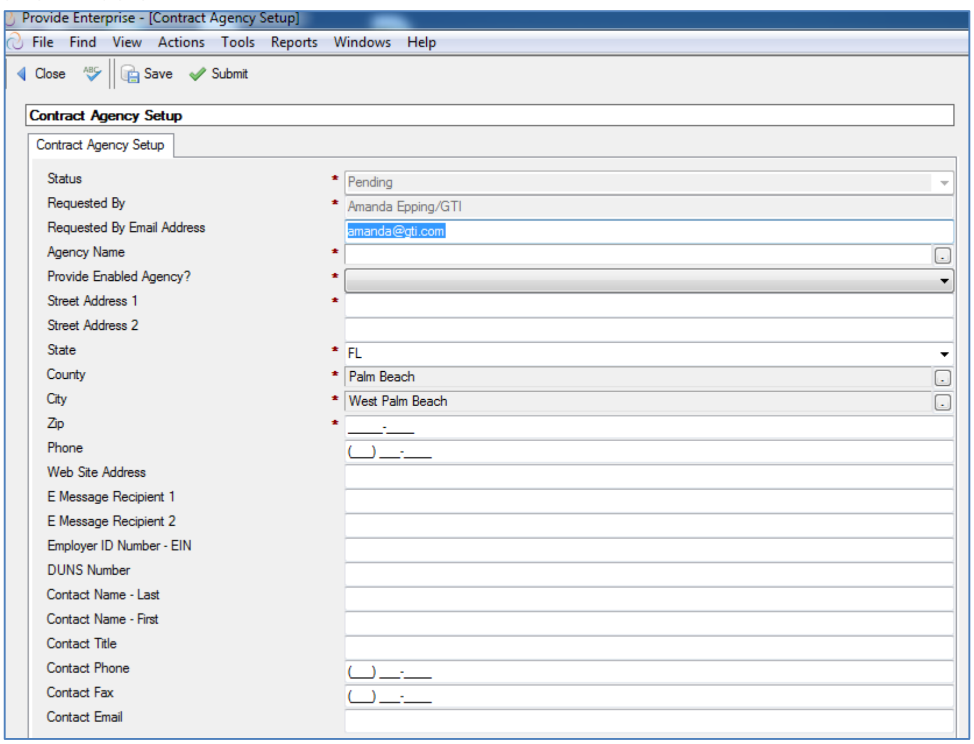
In order for a PE User to be able to access any Client or Service data associated with a given Contract the User must have a "User Profile" associated with the Contract. These are created from the view "Contract Management\Setup Requests\User Profiles". Then, they need to be approved by a County Employee. In the view, double click on a "Submitted" user profile.



Open the submitted record and click ether the "Approve" or "Reject". Once approved, they will go into a Queue for the PE Administrators (GTI staff) to "Process". Once Processed the User Profile will have been created and the User will then have access to the records associated with the Contract.

New Agency Program Setup

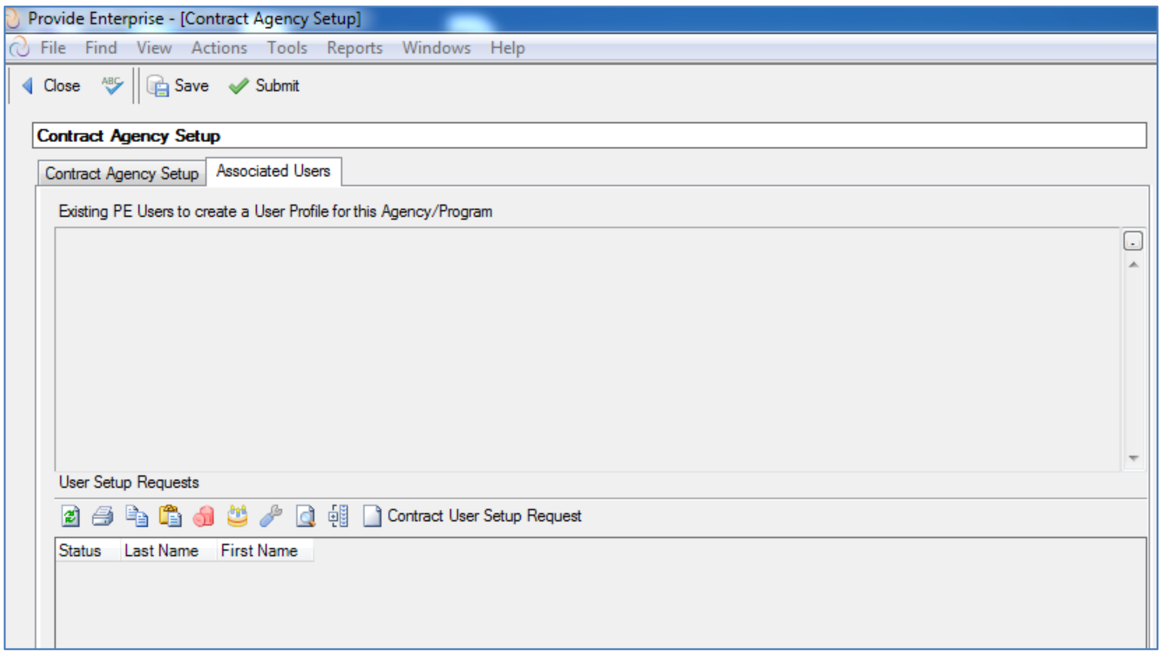
For every Agency that is funded to services an Agency Setup record is used to submit a request to complete setup of all of the required records to activate the Agency.
To create a new Agency go to View – Contract Management – Setup Requests - Agency Program. Click on Contract Agency Setup Request. A screen will appear similar to the one shown below:



Fill in all required fields
*Key fields to be careful selecting are noted below:

- **Agency Name -** Always first use the UI button to see if the Agency you are trying to set up is already set up in PE (e.g. you are actually adding a new Region/Provider Type program for the Agency). If the Agency name does not appear in the selection dialog then manually enter the Agency Name.
- **Program Type -** Select the program name

Next select the "Associated Users" tab and fill in the fields on that tab.



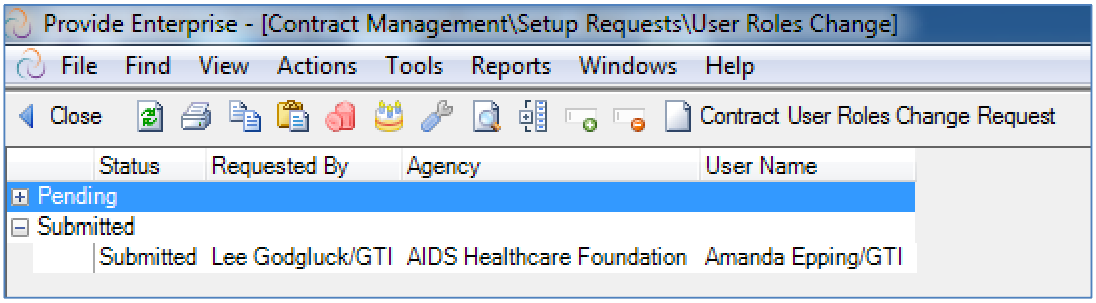
If any Users that are to be set-up to have access to records entered under the new Agency/Program are already set up in Provide Enterprise as users. If so, you can select them in the first field above using the UI button on the upper right hand corner of the field.

If there are new users that need to be set up use the Add User Setup Request button to create user Setup Request records for each.

After completing the form click the "Submit" button. It will go into a Queue for the PE Administrators (GTI staff) to "Process."

Approving User Role Change

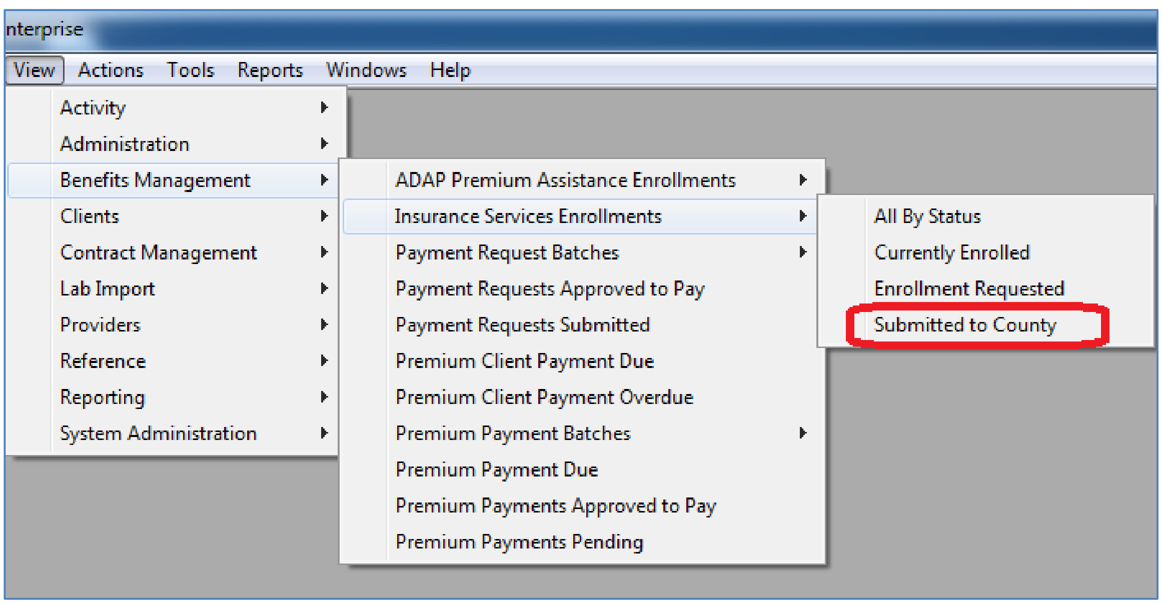
If users' roles need to be changed, a user role change record is submitted. These are created from the view "Contract Management\Setup Requests\User Roles Change". Then, they need to be approved by a County Employee.   In the view, double click on a "Submitted" user profile.



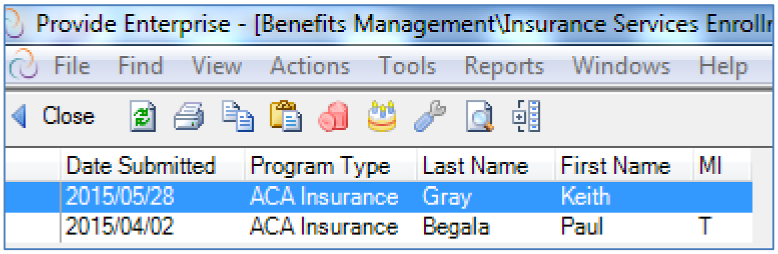
Open the submitted record and click ether the "Approve" or "Reject". Once approved, they will go into a Queue for the PE Administrators (GTI staff) to "Process".

Approving Insurance Enrollments

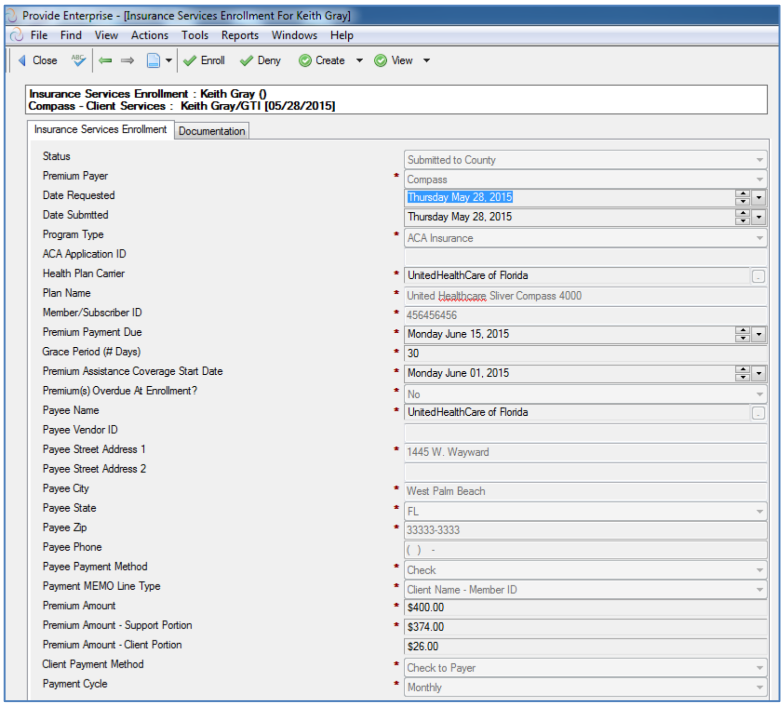
The County will need approve Insurance Service Enrollments that have been submitted to the County. The "submitted" insurance enrollments are in the view "Benefit Management\Insurance Services Enrollment \Submitted to County".



A screen similar to below will appear:



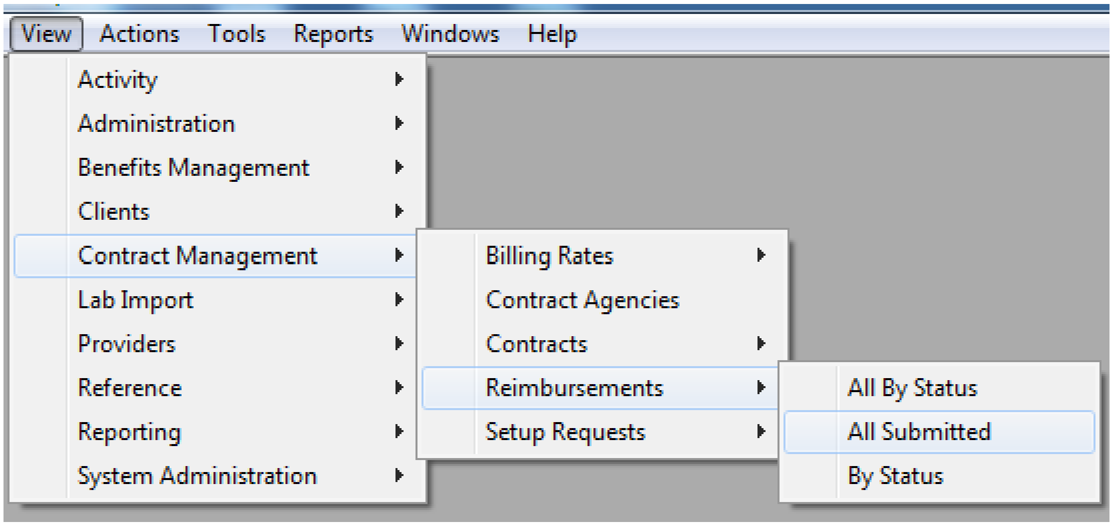
In the view, double click on a "Submitted" Enrollment.



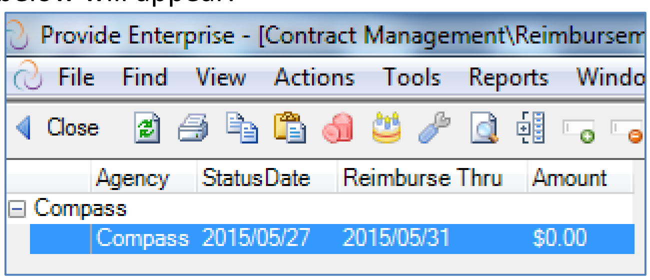
Review the requested enrollment record. Click on the Enroll to approve the enrollment or click on Deny to deny the to deny the application. If denied, select the reason for denial and click on "Ok."

Approving Reimbursements

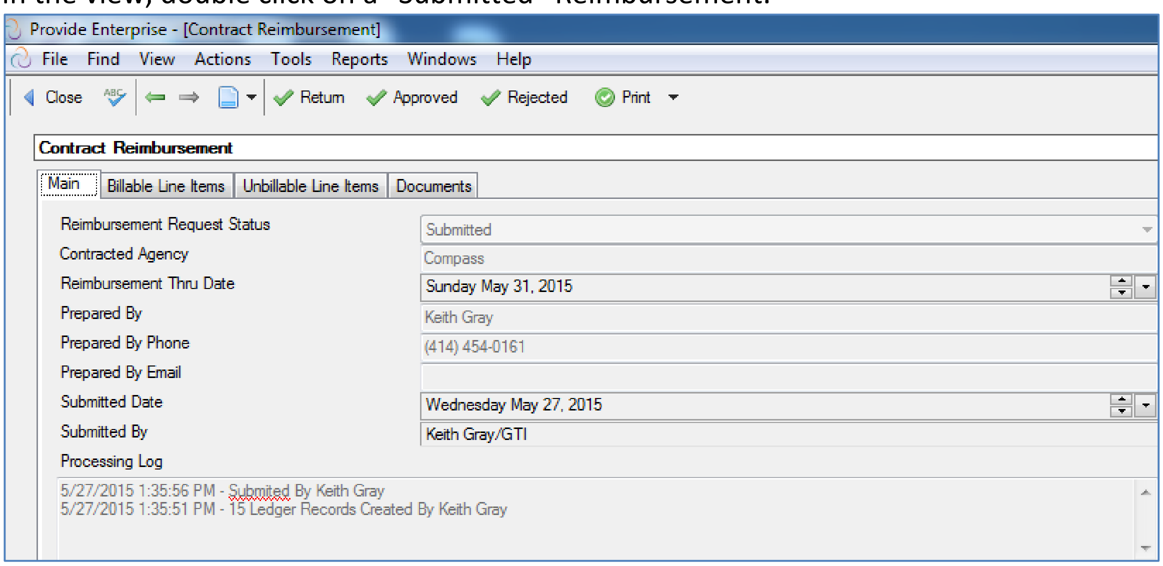
The County will need approve reimbursements that have been submitted to the County. The "submitted" reimbursements are in the view "Contract Management\Reimbursements\ All Submitted."



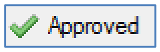
A screen similar to below will appear:

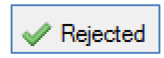


In the view, double click on a “Submitted” Reimbursement.

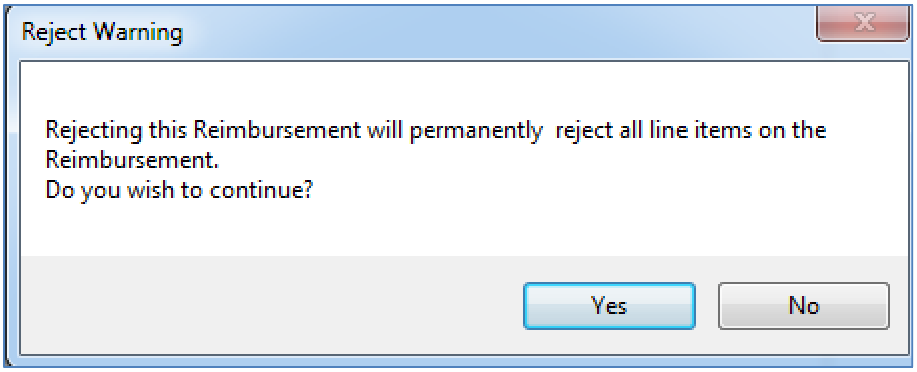


Review the reimbursement. The “Billable Line Items” will list the services that are being billed and the “Unbillable Line Items” will be a list of services that are not being billed. The “Documents” tab will include any documentation the agency provided.

Click on the 

to approve the reimbursement or click on 

to reject the reimbursement. If you do reject the reimbursement, you will receive the warning below:



Click on “Yes” to continue.

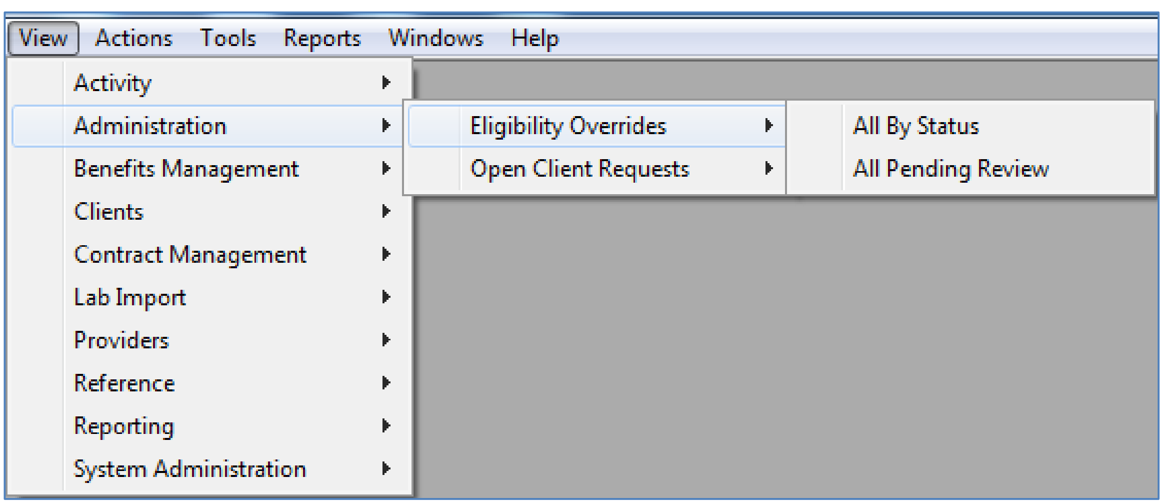
If you want to return the reimbursement to the agency, click on 

. You will then be prompted to enter a “Reason for Return” and then click on “Ok.”

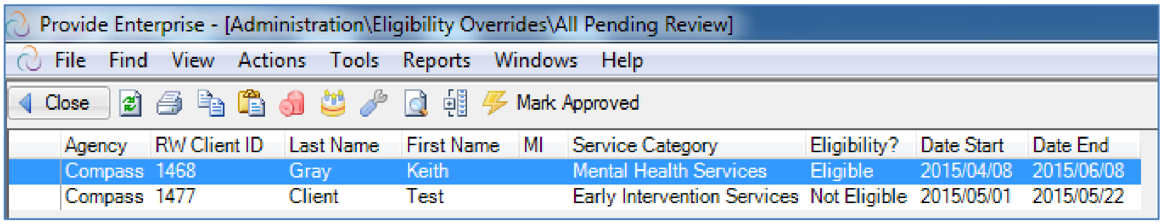
If you click on “Print,” you can also print the reimbursement request.

Approving Eligibility Overrides

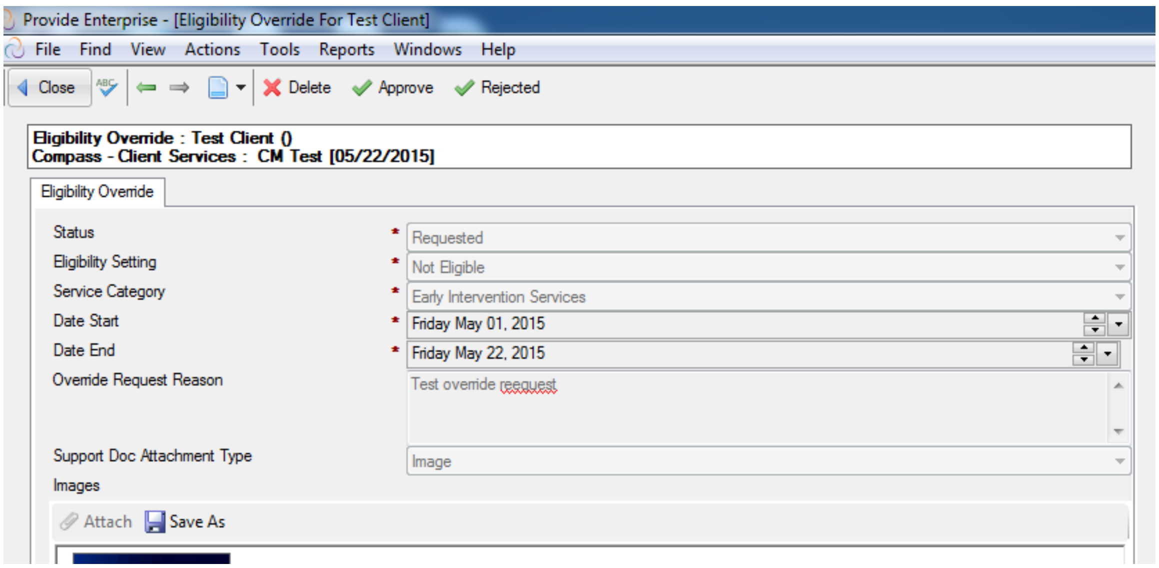
The County will need approve overrides that have been submitted to the County. The overrides that are pending review are in the view “Administration \Eligibility Overrides\ All Pending Review.”



A screen similar to below will appear:

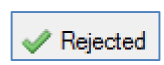


In the view, double click on one of the records.



Review the request.

Click on the 

to approve the Eligibility Override or click on 

to reject the Eligibility Override. If you do reject the reimbursement, you will need to enter the reject reason and any noted. Then, click on “Ok.”