

## Answers to Questions asked by attendees for the WHIS Update 2014 Training.

- Q:** Is there a category for child health on the intake?  
**A:** No child health clients are documented in CAREs not WHIS. The WHIS database is only to document services for pregnant and post-partum women. WHIS is for clients enrolled in Title V Maternal Health program.
- Q:** Will the PE Only category be used only if a PE was completed?  
**A:** Yes use this program type only when a Maternal Health client enrolled in the MH program was provided only PE and care coordination and then lost to follow up, moved out of the area or refused other MH services.
- Q:** How will we have an electronic record on child documentation if it is taken out of WHIS?  
**A:** Child health documentation is not part of WHIS and has not been a part of WHIS. The only information on children in WHIS would be a few data fields in the outcome summary about the infant such as date of birth, weight, and length. There could be care coordination for the infant in the immediate post-partum period to get a medical home or a postpartum home visit which should include an assessment of the mother.
- Q:** When can we expect Karen to update WHIS and will data need to be entered from October 1st or will we start once the update is done.  
**A:** Karen is working install the upgrades now. Eight of the maternal health agencies have been completed. Karen will be contacting the remaining thirteen maternal health agencies one by one to get the upgrades done. We anticipate by January 15<sup>th</sup> or sooner the roll out will be complete. You do not need to go back and enter data for services that occurred Oct. 1 – you can begin implementation once the upgrade is installed at your agency. Hopefully most agencies will be able to begin data entry into the new version of WHIS by January 1, 2015.
- Q:** I do not have the system maintenance tab on the Reports & Utilities side. I always used to should I?  
**A:** Karen will be contacting you. There is a fix for this.
- Q:** If you discharge them as a dental only visit and then they come back needing care coordination or a postpartum visit, do you have to go through the add referral process again? Or can we pull up the record that we did the dental only service in and use that to complete her services?  
**A:** If a dental only client returns to service wanting other maternal health services you do not need to enter a new participation. You can open the dental participation and change the program to Maternal Health. You will then need to enter the rest of the data required by the MH program.
- Q:** My data utilities menu looks different than the one on the screen (we've already upgraded) can you help?  
**A:** The options on this screen will be different depending on if your agency is a contracting agency or a subcontractor.

8. **Q:** I lost audio re answer to completing portions of psycho social. Will you send questions & answers with the power point?  
**A:** Yes, I will send out a Q& A summary. You do not need to complete the entire pscho-social form you can just fill in parts of the form. If you do this print it, and keep a printed copy in the clients chart make sure any "blank forms" are not included in the client's paper records. This could look like you billed Medicaid for an incomplete service.
9. **Q:** Can you give a written example of comments needed in additions to the check box for presumptive?  
**A:** --Most of the required elements are included on the Service Detail section on PE. There are a few items to consider in addition to checking the appropriate boxes.
1. Place of service - only list in comment box if not the main agency.
  2. With who staff spoke to - you pick the clients name form a drop down list in WHIS so as long as you spoke to the client you do not need to re-state her name. However, if you talked to someone else, for example - husband, mother, translator, etc/ you should include that in the comment box.
  3. Feedback from client - one of the check boxes includes she verbalized understanding so you do not need to include other comments unless the client has something specific to say.
  4. Make sure you document who the service provider is by using the comment tab at the top and entering your name and credentials.
10. **Q:** On the 'Service Detail Form", the service showed today stated, "Initial screening evaluation by an RDH". Are we also able to select a screening evaluation by an RN (versus an RDH)?  
**A:** Yes. Under the Service Category of Oral Health Services you can pick from the drop down box Initial screening evaluation by a RN.
11. **Q:** If we provide Oral Health Only services to a pregnant woman, and we also plan to provide Oral Health again postpartum, do we discharge her after the prenatal contact or wait until after the postpartum visit?  
**A:** If you plan on providing additional dental services at a later date, keep the Dental Only participation open until you have provided the final service. If you have entered a discharge date, but then find you will be completing an additional dental service, you can delete or change that date.
12. **Q:** Is there an updated Maternal Oral Health Only form finalized? Will that be available in WHIS once we get our update today at Warren County?  
**A:** Yes the updated WHIS form will be included in the upgrade for WHIS as discussed in the webinar. A hard copy of the form will also be posted on the IDPH Bureau of Family Health web page on resources for grantees tab at the following link:  
[http://www.idph.state.ia.us/hpcdp/grantee\\_resources.asp](http://www.idph.state.ia.us/hpcdp/grantee_resources.asp)
13. **Q:** If all we do is a PE, is she entered as PE only or women's health?  
**A:** There is no PE only service. If a woman enrolls in the Maternal Health program and then her status could change because she is lost to follow up, moves, changes her mind. If this occurs change the program type to PE only in the database, and discharge the client from the WHIS database.

14. **Q:** Do we name the provider in the "Link to Medicaid Provider" box for PE eligibility?  
**A:** This is an open text field, and can be used to enter the specific providers name or the name of the OB practice if there are multiple providers she will see for her prenatal care.

15 **Q:** Could you tell me how we transfer a client from one county to another?  
**A:** Yes, this is possible. It is a bit of a complicated process. The client information will be exported from one subcontractor and imported into another. It would be best to call Karen for assistance with this process.

16 **Q:** Some of the data that we will still be entering is from the old system and forms. Will we be missing some information to enter in the new version of WHIS? Is anything going to be affected?  
**A:** No information was actually deleted. If an agency needs access to fields that were removed they can contact Karen for an export or report of that data.

17. **Q** How does the report menu look now? What changes are there to the reports?  
**A:** --In the Main menu select 'Report Menu' and look down the list of reports to the 'General Reports' section. Select 'Report Listing'. This gives you an annotated summary of all the reports available. You can print this and have reference documents of all the standard reports available in the database. You can also double click on any of the reports listed and a pop up box will appear with a description of the data contained in the report. See the WHIS Manual for how to run a report from your data base. There is a new report "Check Time Exceeding Two Hours" that may help you find records where time might have been entered incorrectly.

18. **Q:** Is there a separate Plan of Care section?  
**A:** There is a selection on the main menu for 'Plan of Care". This section is unchanged. There is also a plan of care within the new Psycho-social Forms.

19. **Q:** Can we do transportation only for pregnant women?  
**A:** -- No there is not a Transportation only category. As a reminder below is the description of the work and services expected for Maternal Health clients. The description of work and services if from the contract your agency signed with IDPH.

**Maternal Health Description of Work and Services:**

MH1: The Contractor shall promote the health of pregnant women and infants by providing or assuring access to prenatal and postpartum health care for low-income women. At a minimum, MH programs are responsible for ensuring access to the following:

- a. Presumptive Medicaid eligibility determinations
- b. Completion of the Medicaid Prenatal Risk Assessment (except oral health-only clients)
- c. Care coordination to assure access to medical services for Medicaid and non-Medicaid pregnant and postpartum women, ideally through a medical home, and to assure access to dental services. Ensure the capacity to provide home visits for care coordination services
- d. Health education
- e. Interpretation services
- f. Transportation services
- g. Postpartum follow up
- h. Build local oral health infrastructure, refer MH clients for dental care, provide dental care coordination, provide oral health education, and provide gap filling direct dental services when appropriate.

MH2: Enhanced services for women with high risk pregnancies include the core services listed above and the development of an individualized plan of care, psychosocial assessment, the capacity to provide nutrition services if needed.

MH3: The Contractor shall perform services pursuant to the approved plan on file in the Department and in accordance with federal legislation, state Department of Human Services rules, state MCH administrative rules, Maternal and Child Health Administrative Manual and the *I-Smile™ Oral Health Coordinator Handbook*.

IDPH and Oral Health staff made a thoughtful decision after years of discussion to add the oral health only type of service for Maternal Health Program clients as an exception approved by our Iowa Medicaid partners. It is okay for you to offer Oral Health Only services to pregnant and postpartum women.

You may not offer transportation only, PE only, or any other single service to women enrolled in the program. The contract states you will provide the work and services listed above.

Please understand that **there is no PE only service type for the Maternal Health Program. Your agency should not plan to offer women PE only services.**

- With the upgrade we created a **database fix** so you can select a PE only as a program type in the database. This is only for women who choose to enroll in the Maternal Health program then change their mind and refuse the typical core services, move away or are lost to follow up. This was to reduce your documentation requirements. If a woman is not willing to enroll in the Maternal Health program and she does not have insurance please refer her to a navigator, a local hospital or a DHS office.

20. **Q:** Can you complete just portions of the psycho/social assessment or does it need to be fully completed?

**A:** You can complete just part of the psychosocial services form and are not required to use it at all. You can document this service on a paper form if you prefer.

21. **Q:** What is the time line for using the "Postpartum Visit only"? Up to 6wks?

**A:** --There is no official limit. Medicaid continues to be available during the 60-day postpartum period to a woman who applies for Medicaid before her pregnancy. After this time frame some women, based on income may lose their Medicaid eligibility. You will want to consider this as you develop your agency policies about how long postpartum you can provide service since you have a limited amount of Title V grant funds.