



WHIS Database Revision IDPH MH Program – December 2014

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Main Menu

 **Department Of Public Health**
Maternal & Women's Health Database
Version 3A

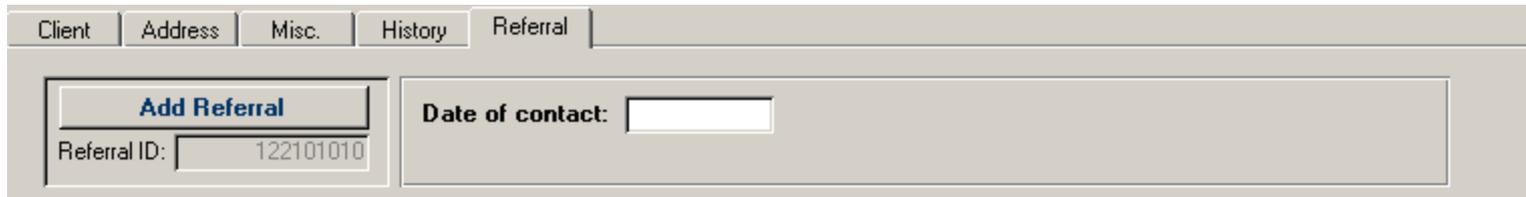
Client Data Input	Reports & Utilities
<input type="button" value="Enter Intake Information"/>	<input style="border: 2px dashed blue;" type="button" value="Reporting Menu"/>
<input type="button" value="Enter Outcome Information"/>	<input type="button" value="Data Utilities"/>
<input type="button" value="Enter Medicaid Risk Assessment"/>	<input type="button" value="System Maintenance"/>
<input type="button" value="Enter Pregnancy Tracking Information"/>	
<input type="button" value="Enter Plan of Care/Needs Assessment"/>	
<input type="button" value="Service Detail Form"/>	
<input type="button" value="Enter Psycho/Social Assessment"/>	

Exit

Adding a new client

- When a client initiates service for the first time a new client record will need to be added. To add a new client record click on the Enter Maternal Health Intake button from the main menu. From the intake form click on the ADD CLIENT button and an empty set of screens will appear for you to enter new client information.
- Do not add a new client record if this client has received services in the past. If a client record exists for this client, but they are seeking services for a new pregnancy, select the existing client record and add a new referral record.

Adding A Referral Record:



The screenshot shows a software interface with a tabbed menu at the top containing 'Client', 'Address', 'Misc.', 'History', and 'Referral'. The 'Referral' tab is selected. Below the tabs, there is a form with a blue 'Add Referral' button. To the right of the button is a text input field labeled 'Date of contact:'. Below the button, there is a 'Referral ID:' label followed by a text input field containing the value '122101010'.

- Once you have entered new client information or selected an existing client, you must click on the **ADD REFERRAL** button. This button is found on the Referral tab of the Maternal Health Intake form. Clicking on this button will create a blank record for entering the referral information for the client.
- Each time a client initiates service for a new pregnancy a new referral record must be added. If it is determined that the client does not meet the criteria for service, that client remains a referral only client. If services will be provided you must create an admission record for the client.

Changes to the Intake form

Select Client: **Demo, Ima** 14520-0543 Admission ID: 145200567

Client | Client Info | History | Referral | Dental

Referral ID: 145200567 Date of contact: 1/1/2014

How did client hear of services? Hospital (specify)
 Other (specify)

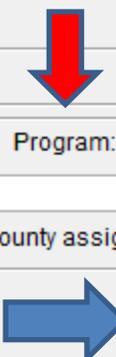
Will services be provided:

Client consent form signed? Date signed: 1/1/2014 Program: **Dental Visit Only**

Agency assigned: FAMILY Inc. County assign

Subcontractor assigned: Subcontractor 2

- Maternal Health
- Women's Health
- Postpartum Visit Only
- Dental Visit Only**
- Presumptive Eligibility Only



Medicaid ID



Client | Client Info | History | Referral | Intake | Preg Info | Health | Comments

Client's name:	First Ima	Middle	Last Demo	Maiden Name
Birthdate:	Other IDs:		ID Number	Type
Medicaid ID:				
Client Alias:	First Name	Middle Name	Last Name	Status: Active
If this client has an existing record in the database under a different name, enter that client ID:				0

Alias ID: 0 [Left Arrow] [Right Arrow] [Add New Alias]

Data entry is simplified for Oral Health Only Clients

Select Client: **Demo, Ima** 14520-0543 Admission ID: 145200567

Client Client Info History Referral **Dental**

Does client have regular dentist? Name of dentist:

When was last dentist visit?

Barriers to dental care: Other barriers (specify):

Dental payment source: Other (specify):

Does client have any oral concerns or problems?

If yes, specify:

Does client have a medical home? Provider's name:

Discharge Date: Were services terminated prior to delivery?

If yes, reason: Other reason (specify):

Comments:

Form Completed by:	<input type="text"/>	Date entered:	<input type="text"/>
Data entered by:	<input type="text"/>	Date entered:	<input type="text"/>
QA inspection by:	<input type="text"/>	Date of inspection:	<input type="text"/>

Select Client: **Demo, Ima** 14520-0543 Admission ID: 145200567

Client Client Info History Referral **Presumptive**

Does client have a medical home? Provider's name:

Discharge Date: Were services terminated prior to delivery?

If yes, reason: Other reason (specify):

Comments:

Form Completed by:	<input type="text"/>	Date entered:	<input type="text"/>
Data entered by:	<input type="text"/>	Date entered:	<input type="text"/>
QA inspection by:	<input type="text"/>	Date of inspection:	<input type="text"/>

Changes to Discharge Form

Select a Client: **Demo, Ima** 145200543 Admission ID: 145200567

Master History Misc.

Discharge Date:  Were services terminated prior to delivery?



The Data Utilities Menu



Data Utilities

Import/Export Records

Import/Export For Subcontractor

Audits and Billing Exports

Create Data Exports to Excel

View Records for Audit

Delete Or Reactivate Records

Changes to Service Detail Form

Select Client: **Demo, Ima** 145200543 Admission ID: 145200567

History Contact Info Comments

Contact Dates for Admission 145200567 [Add A New Contact Date](#)

	Contact Date	Contact #	
View All Services For Contact Date	1/1/2014	1	Print All Services

Contact Date: 1/1/2014 **County of service:** [dropdown]

Primary Payment Source (medical): [dropdown] **Other insurance (specify):** [text]

Primary Payment Source (dental): not indicated [dropdown] **Other insurance (specify):** [text]

Services **Category:** Oral Health Services [dropdown] **Service:** [dropdown] Initial screening evaluation by an RDH

Interaction type: [dropdown] **Time in:** [text] **Time out:** [text] **Time spent:** [text]

Add "see client chart" to report: [text]

Comments: [text]

Screening Results

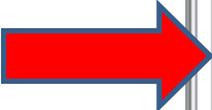
Was decay present (obvious or suspicious)? [dropdown] **Oral health risk level:** [dropdown]

Were restored teeth (fillings/crowns) present? [dropdown] Name of dentist referred to: [text]

Was gingivitis present (gum bleeding, swelling or pain)? [dropdown] What is client's referral need? [dropdown]

Notes: [text]

Record: 1 of 1 [navigation icons] No Filter Search



Service Category	Code	Service
Oral Health Services	D0190 CC	Initial screening evaluation by an RDH
	D0190	Periodic screening evaluation by an RDH
	D0190 CC TD	Initial screening evaluation by an RN
	D0190 TD	Periodic screening evaluation by an RN
	D0270	Bitewing radiograph-single film
	D0272	Bitewing radiograph-two films
	D0274	Bitewing radiograph-four films
	D1110	Prophylaxis-adult (age 13 and older)
	D1120	Prophylaxis-child (age 12 and under)
	D1206	Topical fluoride varnish by RDH (therapeutic app for moderate to high decay risks)
	D1206 TD	Topical fluoride varnish by RN (therapeutic app for moderate to high decay risks)
	D1310	Nutritional counseling by RDH (for the control and prevention of oral disease)
	D1310 TD	Nutritional counseling by RN(for the control and prevention of oral disease)
	D1320	Tobacco counseling by RDH (for the control and prevention of oral disease)
	D1320 TD	Tobacco counseling by RN (for the control and prevention of oral disease)
	D1330	Oral hygiene instruct/ RDH (hands-on demo)
	D1330 TD	Oral hygiene instruct by RN (hands-on demo)
	D1351	Sealant-per tooth (primary and permanent molars, premolars) up to age 18

Care Coordination	H1002	Care Coordination
	T1016	Dental Care Coordination
	99999	Service Addendum
Health Ed Services	H1003	Health Education
Social Work Services	H0046	Mental health services
Maternity Care	99201	Self limited or minor approx 10 min.
	81025	Urine Pregnancy Test, by Visual Color Co
	T1001	Nursing Assessment
	99401	STI Education (15 minutes)
	99402	STI Education (30 minutes)
Home Visit	S9123	Nursing visit in the home
	S9123LV	Nursing Listening Visit in the home
	S9127	Social Work visit in home
	S9127LV	Social Work Listening Visit in home
Maternity Services	99408	Alcohol and substance abuse screening w/brief intervention
	H0049	Alcohol and/or drug screening, without intervention
	G0442	Annual alcohol misuse screening (without intervention)
	99420	Medicaid prenatal risk assessment
	99420DV	Screening for domestic violence
	G0444	Depression screening
Outreach	12345	Presumptive Eligibility Determination
Interpreter	T1013	Sign language or oral interpreter
	T1013 UC	Sign language or oral interpreter with UC modifier
	W5023	Telephonic oral interpreter

Care Coordination



Contact Date: 1/1/2014 **County of service:** [dropdown]

Primary Payment Source (medical): [dropdown] **Other insurance (specify):** [text]

Primary Payment Source (dental): not indicated **Other insurance (specify):** [text]

Services **Category:** Care Coordination **Service:** [dropdown]

Interaction type: [dropdown] **Time in:** [text] **Time out:** [text] **Time spent:** [text]

Add "see client chart" to report: **Comments:** [text]

Service provided by: [text] **Place:** [text]

Spoke to (if other than client): [text]

Link to Medicaid eligible service provider: [text] **Client verbalizes understanding**

Other referrals provided: [text]

Follow up: [text]

Record: 1 of 1 No Filter Search



Presumptive Eligibility Determination

Contact Date: 1/1/2014 **County of service:**

Primary Payment Source (medical): **Other insurance (specify):**

Primary Payment Source (dental): not indicated **Other insurance (specify):**

Services **Category:** Outreach **Service:** Presumptive Eligibility Determination

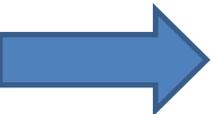
Interaction type: **Time in:** **Time out:** **Time spent:**

Add "see client chart" to report: **Comments:**

Medicaid application status:

- Client explained she is eligible for ambulatory medical and dental services and verbalizes understanding
- Client requests assistance with insurance coverage
- Copy of application in client's file
- Client given copy of NOA **NOA#:**

Record: 1 of 1 No Filter Search



Psycho/social assessments – Optional Fields

Select Client: **Demo, Ima** 145200543 Admission ID: 145200567

History Contact Info

Below is the psycho/social assessments completed for the selected client's most current participation

Admission ID	Survey Date	Form Completed By	
145200567			Delete Print View Survey

[Add A New Assessment](#)

Psycho/social assessments – Optional Fields

Psycho/Social Assessment for Ima Demo

Page 1 Page 2 Page 3

Contact Date:  Time in: Time out: Time spent: Initial Visit?

Who was present:

Select address to copy to location: 

Location:

Goal:

Narrative:

Affect: 

Mood: 

Dress: 

Hygiene: 

Suicidal ideation:  Self harm:  Homicidal:  EPDS completed? 

Mental health comments:

Psycho/social assessments – Optional Fields

Psycho/Social Assessment for Ima Demo

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Risk Tracking: Risk Comments:

Patterns of Functioning

Support System:

Financial Needs/Concern:

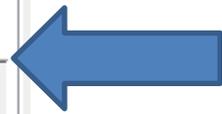
Current Living Situation:

Family Composition

If the family member does not exist in the list below, or information on that family member needs to be edited, click on "Add/Update Family Members" and enter new or edit information. If the record exists, select the name and enter interaction information below. [Add/Update Family Members](#)

Name	Relationship	Living W/ Client	Birthdate	Age	Interaction	
<input type="text"/>	not indicated	<input type="button" value="Delete"/>				

Comments:



Psycho/social assessments – Optional Fields

The screenshot shows a software window titled "Family Members" with a subtitle "Family Members for Ima Demo". Below the subtitle is the instruction: "Add new family members by entering information in the last row below." The main area contains a table with the following columns: First Name, Middle, Last Name, Relationship, Living w/ Client, Birthdate, Age, Gender, and Status. The first row of the table is pre-filled with "0" in the first column, and dropdown menus for "Relationship" (set to "Not Indicated") and "Living w/ Client". Below the table is a "Comments:" label followed by a text input field. At the bottom right of the window is a "Close" button.

	First Name	Middle	Last Name	Relationship	Living w/ Client	Birthdate	Age	Gender	Status
0	<input type="text"/>	<input type="text"/>	<input type="text"/>	Not Indicated ▼	▼	<input type="text"/>	<input type="text"/>	▼	▼

Comments:

Close

Psycho/social assessments – Optional Fields

Psycho/Social Assessment for Ima Demo

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Adjustment to pregnancy and future parenting:

Plan of Care:

Counseling/Anticipatory Guidance:

Referrals: Referral Comments:

Follow up visit date: Follow up comments:

Add "see client chart" to report:

Form Completed by: <input type="text"/>	Date entered: <input type="text"/>
Data entered by: <input type="text"/>	Date entered: <input type="text"/>
QA inspection by: <input type="text"/>	Date of inspection: <input type="text"/>

WHIS Manual

- The WHIS Manual can be found at the IDPH website at the following link
- http://www.idph.state.ia.us/hpcdp/common/pdf/family_health/womans_health_system_manual.pdf

Questions or Need Help?

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- Steph Trusty (515) 281- 4731

