

**NORTH DAKOTA FAMILY PLANNING
DATA SYSTEM MANUAL**

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INTRODUCTION

Family Planning Annual Report (FPAR) is the only source of annual, uniform reporting by all grantees funded under Section 1001 of the Title X Public Health Service Act (42 United States Code 300). Title X Family Planning Service grantees must submit data to the Office of Population Affairs (OPA) annually for monitoring and reporting purposes (45 Code of Federal Regulations Part 75).

The goals of FPAR are to (1) monitor compliance with statutory requirements, regulations, and operational guidance in Title X program requirements; (2) comply with accountability and federal performance requirements; and (3) guide strategic and financial planning and responses to inquiries from policymakers and Congress.

FPAR enables OPA and grantees to improve quality, access, and equity in Title X family planning services. It creates opportunities to better understand the diverse needs of the people who receive Title X services, provide focused support to Title X providers, and help identify successes and gaps to improve the Title X program overall and the services provided at the grantee and sub-recipient levels.

The FPAR reporting period is the prior calendar year (January through December).

As the Data System contractor **Ahlers' responsibilities** include:

1. Receipt and uploading of your CVR data.
2. Production and printing of your monthly processing reports.
3. Production and printing of your quarterly and annual management reports (including FPAR – Family Planning Annual Report)
4. Posting your data to our web site for ad hoc reporting needs.
5. Answering your questions about the data system and resolving any functions which are not clear to you. Our toll-free number is 800-888-1836. Policy questions may be referred to your state office.
6. Producing special reports when you have a data need. These are often done at no cost to you.

The purpose of the Data System is to provide needed demographic and visit information about all family planning clients. The various reports produced by Ahlers provide local management and the state with information to monitor clinic activity and service to target populations. The goal of the Data System is to capture all demographic and visit data once and have all subsequent requests for information automatically available.

The functions of the Family Planning Data System include the following:

1. Collect demographic data on each patient.
2. Collect services provided data on each visit.
3. Check the data for accuracy.
4. Maintain a database of all accepted data.
5. Produce reports for agencies that can be used to see that all data is being processed.
6. Produce standard management reports on a quarterly and annual basis.
7. Provide ad hoc reporting on the Internet.
8. Produce special reports as needed by the agency to respond to inquiries by funding or other sources.

HELP

Questions and/or problems should first be directed to the North Dakota Department of Health and Human Services (ND DHHS) Family Planning Program (FPP). They will determine if the issue is policy, procedural, training or technical. Any issues related to the software performance is always welcomed at Ahlers. The software manual is available online at www.ahlerssoftware.com and a hard copy was also mailed to your agency when the software was originally installed. You may also contact us by phone, fax or email.

Phone 800-888-1836

Fax 254-755-0267

Email customerservice@ahlerssoftware.com

References:

<https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report/family-planning-annual>

<https://opa.hhs.gov/sites/default/files/2024-10/FPAR-2.0-Implementation-Guide-2024.pdf>

<https://opa.hhs.gov/sites/default/files/2021-11/fpar-forms-instructions-reissued-nov-2021.pdf>

<https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report/faq>

[For Grantees | Health and Human Services North Dakota](#)

[Search | Reproductive Health National Training Center](#)

NORTH DAKOTA CLINIC VISIT RECORD

CLINIC # _____ CLIENT # _____ D.O.B. _____ GENDER: F M ZIP _____

ANNUAL INCOME _____ HOUSEHOLD SIZE _____ BP _____ / _____ HEIGHT (inches) _____ WEIGHT (pounds) _____

SEXUAL ORIENTATION

- 1. Bisexual
- 2. Lesbian/Gay/Homosexual
- 3. Straight/Heterosexual
- 4. Other/Something Else
- 5. Unknown
- 6. Declined to Disclose

GENDER IDENTITY

- 01. Male
- 02. Female
- 03. Female to Male/Trans Male
- 04. Male to Female/Trans Female
- 05. Other
- 06. Neither M/F Exclusively
- 07. Declined to Disclose
- 08. Unknown

TOBACCO STATUS (check one):

- 1. Current Every Day
- 2. Current Some Day
- 3. Former
- 4. Never

RACE (check all that apply)

- 1. White
- 2. Black or African American
- 3. Am. Ind./Alaskan
- 4. Asian
- 5. Pacific Is./Hawaiian
- 6. Unknown/Unreported

LIMITED ENGLISH PROFICIENCY Y N

HISPANIC Y N Unknown/Not Reported

4. VISIT DATE _____ - 20 _____

5. PRIMARY SOURCE OF PAYMENT (check one)

- 1. No Fee
- 2. Partial Fee
- 3. Full Fee
- 4. Medicaid (Traditional or Expansion)
- 5. Private Insurance
- 6. Other Govt. Ins. (Military, VA)
- 7. Medicare
- 8. Women's Way

6. CLIENT INSURANCE STATUS (check one)

- 1. Medicaid (Traditional)
- 2. Private Health Insurance
- 3. Medicaid (Expansion)
- 4. Women's Way
- 5. Uninsured
- 6. Other Govt. Ins. (Military, VA)
- 7. Medicare
- 8. Medicare

7. PURPOSE OF VISIT (check one)

- 1. Preventive Health Visit (New Client)
- 2. Preventive Health Visit (Established Client)
- 3. Medical Visit
- 4. Problem Visit
- 5. STD Screening/Tx
- 6. Contraceptive Surveillance
- 7. Education/Counseling
- 8. Pregnancy Test
- 9. Supply Visit

16. TELEMEDICINE ENCOUNTER? Y N

8. PRIMARY METHOD (Complete before and after blocks)

- | | |
|----------------------------|-------------------------|
| 01. Sterile Male | 09. Spermicide |
| 02. Sterile Female | 10. Diaphragm |
| 03. Orals - Combined | 11. Injectables |
| 04. Orals - Progestin Only | 12. Contraceptive Patch |
| 05. IUD/Unspecified | 13. Vaginal Ring |
| 06. IUD w/Progestin | 14. Sponge |
| 07. IUD Copper | 15. Withdrawal |
| 08. FAM | 16. EC |
| 09. LAM | 17. Cervical Cap |
| 10. Implantable Rod | 18. None |
| 11. Condom (male) | 19. Decline to Answer |
| 12. Condom (female) | |

Before Visit After Visit

9. IF NO METHOD GIVE REASON

- 1. Abstinence
- 2. Seeking Pregnancy
- 3. Same Sex Partner
- 4. Infertility
- 5. Other

Before Visit After Visit

17. HOW CONTRACEPTIVE METHOD WAS PROVIDED:

- 1. Provided on site
- 2. Referral
- 3. Prescription
- 4. Provided Elsewhere
- 5. N/A

18. PREGNANCY STATUS

- 1. Pregnant
- 2. Not Pregnant
- 3. Unknown

19. PREGNANCY INTENTION

- 1. Yes
- 2. Okay either way
- 3. No
- 4. Unsure

10. PROVIDERS OF MEDICAL/COUNSELING SERVICES

- 1. Physician _____
- 2. Nurse Prac. _____
- 3. RN _____
- 4. CNM _____
- 5. PA _____
- 6. Other (LPN, MA, etc.) _____

11. MEDICAL SERVICES PROVIDED

- | | | |
|--|--|---|
| <input type="checkbox"/> 01. Bv Tx | <input type="checkbox"/> 11. Herpes Tx | <input type="checkbox"/> 21. IUD Check |
| <input type="checkbox"/> 02. Blood Pressure | <input type="checkbox"/> 12. EC | <input type="checkbox"/> 22. Medical Hx |
| <input type="checkbox"/> 03. Candida Tx | <input type="checkbox"/> 13. Gonorrhea Tx | <input type="checkbox"/> 23. Molluscum Tx |
| <input type="checkbox"/> 04. CBE | <input type="checkbox"/> 14. Height/Weight | <input type="checkbox"/> 24. Pelvic Exam |
| <input type="checkbox"/> 05. Diaph/Cap Fit/Chk | <input type="checkbox"/> 15. HPV Tx | <input type="checkbox"/> 25. Phys. Assess |
| <input type="checkbox"/> 06. Chlamydia Tx | <input type="checkbox"/> 16. HPV Vaccine | <input type="checkbox"/> 26. Contraceptive Change |
| <input type="checkbox"/> 07. Colpo/Cryo | <input type="checkbox"/> 17. Implant Insert | <input type="checkbox"/> 27. Testicular Exam |
| <input type="checkbox"/> 08. Contracep. Refill | <input type="checkbox"/> 18. Implant Removal | <input type="checkbox"/> 28. Trich. Tx |
| <input type="checkbox"/> 09. Syphilis Tx | <input type="checkbox"/> 19. IUD Insertion | <input type="checkbox"/> 29. UTI Tx |
| <input type="checkbox"/> 10. 3-Month Injection | <input type="checkbox"/> 20. IUD Removal | |

12. LAB SERVICES PROVIDED

- | | | |
|---|---|---|
| <input type="checkbox"/> 30. Blood Glucose | <input type="checkbox"/> 39. HPV Typing | <input type="checkbox"/> 48. Stool Occult |
| <input type="checkbox"/> 31. CBC | <input type="checkbox"/> 40. Lipid Profile | <input type="checkbox"/> 49. Trich. Rapid |
| <input type="checkbox"/> 32. Chlamydia Test | <input type="checkbox"/> 41. Metabolic Panel | <input type="checkbox"/> 50. TSH/T4 |
| <input type="checkbox"/> 33. Gonorrhea Test | <input type="checkbox"/> 42. Pap Smear | <input type="checkbox"/> 51. Urinalysis |
| <input type="checkbox"/> 34. Hemoglobin | <input type="checkbox"/> 43. Ph Test/Rapid BV | <input type="checkbox"/> 52. Wet Mount |
| <input type="checkbox"/> 35. Hepatitis B | <input type="checkbox"/> 44. Neg. Preg. Test | <input type="checkbox"/> 53. Mycoplasma Genitalia |
| <input type="checkbox"/> 36. Hepatitis C | <input type="checkbox"/> 45. Pos. Preg. Test | <input type="checkbox"/> 54. Monkeypox Test |
| <input type="checkbox"/> 37. Herpes Test | <input type="checkbox"/> 46. Repeat Pap. | |
| <input type="checkbox"/> 38. HIV Test | <input type="checkbox"/> 47. Syphilis Test | |

14. COUNSELING SERVICES PROVIDED

- | | | |
|---|---|---|
| <input type="checkbox"/> 61. Safe Sex Edu. | <input type="checkbox"/> 71. Immunizations | <input type="checkbox"/> 81. Req. Adol. Counsel |
| <input type="checkbox"/> 62. Blood Pressure | <input type="checkbox"/> 72. Infertility | <input type="checkbox"/> 82. Breast Awareness |
| <input type="checkbox"/> 63. Colorectal Scrn. | <input type="checkbox"/> 73. Male Exam | <input type="checkbox"/> 83. Sterilization |
| <input type="checkbox"/> 64. Contraception | <input type="checkbox"/> 74. Mental Health | <input type="checkbox"/> 84. Substance Abuse |
| <input type="checkbox"/> 65. Domestic Viol. | <input type="checkbox"/> 75. Nutrition | <input type="checkbox"/> 85. STD Follow-Up |
| <input type="checkbox"/> 66. Exercise | <input type="checkbox"/> 76. Obesity | <input type="checkbox"/> 86. Tobacco |
| <input type="checkbox"/> 67. FAM/LAM | <input type="checkbox"/> 77. Pap Follow-Up | <input type="checkbox"/> 87. Genital Awareness |
| <input type="checkbox"/> 68. Female Exam | <input type="checkbox"/> 78. Preconception | <input type="checkbox"/> 88. PHQ-2 |
| <input type="checkbox"/> 69. Genetic Counsel | <input type="checkbox"/> 79. Pregnancy Crisis/Abuse | <input type="checkbox"/> 89. PHQ-9 |
| <input type="checkbox"/> 70. HIV | <input type="checkbox"/> 80. Rape | <input type="checkbox"/> 90. Reprod. Life Plan |
| | | <input type="checkbox"/> 91. Achieve Pregnancy |

15. REFERRED ELSEWHERE (check all applicable)

- | | |
|--|---|
| <input type="checkbox"/> 01. Abnormal Pap | <input type="checkbox"/> 08. Nutritional Services |
| <input type="checkbox"/> 02. Breast Concerns | <input type="checkbox"/> 10. Other - Medical |
| <input type="checkbox"/> 03. Domestic Violence | <input type="checkbox"/> 11. Positive Pregnancy |
| <input type="checkbox"/> 04. FAM/LAM | <input type="checkbox"/> 12. Rape Crisis/Abuse |
| <input type="checkbox"/> 05. HIV Services/Screening | <input type="checkbox"/> 13. Social Services |
| <input type="checkbox"/> 06. Infertility | <input type="checkbox"/> 14. Sterilization |
| <input type="checkbox"/> 07. Mental Health | <input type="checkbox"/> 15. Substance Abuse |
| <input type="checkbox"/> 19. Nat. Lifeline (fax) | <input type="checkbox"/> 16. Tobacco Cessation |
| <input type="checkbox"/> 20. Priv. Counselor | <input type="checkbox"/> 17. WIC |
| <input type="checkbox"/> 21. Human Svcs. Center | <input type="checkbox"/> 18. Women's Way |
| <input type="checkbox"/> 22. Taken to Hospital | <input type="checkbox"/> 26. Ryan White |
| <input type="checkbox"/> 23. Provider Counseled | |
| <input type="checkbox"/> 24. None Warranted (PHQ-2 or 9) | |
| <input type="checkbox"/> 25. Client Declined | |

20. DO YOU WANT TO TALK ABOUT CONTRACEPTION OR PREGNANCY TODAY?

- 01. Yes - I want to talk about contraception.
- No - I don't want to talk about contraception:
 - 02. I'm here for something else.
 - 03. This question doesn't apply to me.
 - 04. I prefer not to answer.
 - 05. I'm already using contraception.
 - 06. I'm unsure or don't want to use contraception.
 - 07. I'm hoping to become pregnant in the near future.

TERMS AND DEFINITIONS

OPA provides definitions for key FPAR 2.0 terms to ensure uniform reporting by Title X grantees. For additional details, please refer to the Reproductive Health National Training Center (RHNTC) guide on Understanding FPAR Definitions.

https://rhntc.org/sites/default/files/resources/rhntc_understanding_fpar_jobaid_5-17-2021.pdf

The CVR should be completed on any client who qualifies for a family planning visit.

Family planning user. A family planner user is an individual who has at least one family planning encounter at a Title X service site during the reporting period. The same individual may have more than one encounter but can only be counted as a family planning user once during a reporting period.

Family planning provider. A family planning provider is the individual who assumes primary responsibility for assessing a client (family planning user) and documenting services in the client's record. Providers include those agency staff who exercise independent judgment about the services rendered to the client during an encounter. Two general types of providers deliver Title X family planning services: clinical services providers and other service providers.

- *Clinical service providers.* Includes physicians, physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user physical assessments recommended for contraceptive, related preventive health, and basic infertility care.
- *Other service providers.* Includes other agency staff (for example, registered nurses, public health nurses, licensed vocational or licensed practical nurses, certified nurse assistants, health educators, social workers, or clinic aides) who offer client education, counseling, referral, or follow-up services relating to the client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, as described in the Title X program requirements. Other service providers may also perform or obtain samples for routine laboratory tests (for example, urine, pregnancy, sexually transmitted infections, and cholesterol and lipid analysis), give contraceptive injections (for example, Depo-Provera®), and perform routine clinical procedures that may include some aspects of the user physical assessment (for example, blood pressure evaluation), in accordance with the Title X program requirements.

Family planning encounter. A family planning encounter is a documented contact between an individual and a family planning provider that is either face-to-face in a Title X service site or virtual using telehealth technology. The purpose of a family planning encounter is to provide family planning and related preventive health services that align with the definition of family planning services in 42 CFR § 59.2.5 A written record of the services provided during the family planning encounter must be documented in the client record for FPAR.

There are two types of family planning encounters: (1) family planning encounters with a clinical services provider and (2) family planning encounters with other service providers as described above. The type of family planning provider who renders the care, regardless of the services rendered, determines the type of family planning encounter. Although a client may meet with both clinical and other services providers during an encounter, the provider with the highest level of training, who takes ultimate responsibility for the client's clinical or nonclinical assessment and care during the encounter, should be the provider of record for the encounter.

Laboratory tests and related counseling and education, in and of themselves, do not constitute a family planning encounter unless there is face-to-face or virtual contact between the client, and the provider documents the encounter in the client's record.

Virtual family planning encounter. A virtual family planning encounter uses telecommunications and information technology to provide distanced access to Title X family planning and related preventive health services, including assessment, diagnosis, intervention, consultation, education and counseling, and supervision. Telehealth technologies include telephones, facsimile machines, electronic mail systems, videoconferencing, store-and-forward imaging, streaming media, remote monitoring devices, and terrestrial and wireless communications.

Family planning services. Family planning services include a broad range of medically approved services, which includes Food and Drug Administration (FDA)-approved contraceptive products and natural family planning methods, for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, and other preconception health services.

Related preventive health services. Related preventive health services include screening for breast and cervical cancer.

Family planning service site. Service site is a clinic or other location where Title X services are provided to clients. Title X recipients and/or their subrecipients may have service sites.

Client records. Title X projects must establish a medical record for every family planning user who obtains clinical services or other screening or laboratory services (such as blood pressure check, urine-based pregnancy test, or STD test). The medical record contains personal data; a medical history; physical exam data; laboratory test orders, results, and follow-up; treatment and special instructions; scheduled revisits; informed consent forms; documentation of refusal of services; and information on allergies and untoward reactions to identified drugs. The medical record also contains clinical findings; diagnostic and therapeutic orders; and documentation of continuing care, referral, and follow-up. The client's medical record must contain sufficient information to identify the client, indicate where and how the client can be contacted, justify the clinical impression or diagnosis, and warrant the treatment and end results. The client medical record must also include data that enable the Title X site to complete their required FPAR reporting. The medical record allows for entries by counseling and social service staff. The medical record is a confidential record, accessible only to authorized staff and secured by lock when not in use.

If a family planning user receives no clinical services during a face-to-face or virtual family planning encounter, the provider must still establish a client record that enables the site to complete the required FPAR data reporting. Like a medical record, this client record must contain sufficient information to identify the client, indicate where and how the client can be contacted, and fully document the encounter. This record is confidential, accessible only to authorized staff, and secured by lock when not in use.

OPA provides the following clarifications to questions on FPAR 2.0 terms and definitions.

QUESTION – Can a client have more than one family planning encounter during a single family planning visit?

ANSWER – A client may have only one family planning encounter per visit. In the family planning services setting, the term “encounter” is synonymous with “visit.” Although a client may meet with both clinical and other services providers during an encounter, the encounter is credited to the provider with the highest level of training who takes ultimate responsibility for the client’s clinical or nonclinical assessment and care during the visit.

QUESTION – Who is and who is not considered a family planning user?

ANSWER – A family planning user is an individual who has at least one family planning encounter during the reporting period. A family planning user does not include a person who is pregnant, has been permanently sterilized or is postmenopausal.

QUESTION – In the scenarios listed in the table below, when is a client a Title X family planning user?

Scenario	Is the client a family planning user?
An individual comes into the clinic as a new client and has indicated they have been sterilized. Are they considered a Title X family planning user?	No
Can an existing Title X family planning user, who has been determined to be post-menopausal, continue to be a Title X family planning user?	No
A person receives a pregnancy test and STI testing at the same time from through the Title X-project, tests are positive. Would Title X cover STI treatment?	Yes
If a person of reproductive age is part of the LGBTQI+ community and is seeking sexual and reproductive health services, is that person a Title X family planning user and is this a Title X family planning encounter?	Yes
An individual of reproductive age is seeking only STI services, are they eligible to be a Title X family planning user?	Yes
Does a Title X family planning encounter include in vitro fertilization or surrogacy?	No
Can an individual who has had a partial hysterectomy or full hysterectomy be a Title X family planning user?	No

QUESTION – If a client is sterilized under a service site’s Title X-funded project, can follow-up care related to the sterilization be counted as a family planning encounter?

ANSWER –Yes, follow-up care related to a sterilization conducted by a site’s Title X-funded project can be covered by the Title X-funded project and counted as a family planning encounter.

QUESTION –If a client of reproductive age is sterilized under the service site’s Title X-funded project is the client a family planning user?

ANSWER – No, once the client is sterilized, the client is no longer a Title X family planning user. However, any follow-up care related to a sterilization that was conducted by a site’s Title X-funded project can be covered by the Title X-funded project.

QUESTION – If a postmenopausal client obtains gynecological or related preventive health services, is the encounter a family planning encounter?

ANSWER – No, the encounter is not a family planning encounter, and the client is not a family planning user.

QUESTION – If an individual receives gynecological or related preventive health services (such as a pelvic exam, Pap test, pregnancy test, or STD screening) at a Title X-funded service site, but does not receive counseling, education, or clinical services aimed at avoiding unintended pregnancy or achieving intended pregnancy, is the encounter a family planning encounter? Is the client a family planning user?

ANSWER – The 2021 Title X Rule (42 CFR §59.2) defines family planning services as services that include a broad range of medically approved services, which includes Food and Drug Administration (FDA)-approved contraceptive products and natural family planning methods, for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, and other preconception health services. An individual is a family planning user and an encounter is a family planning encounter if it meets the definitions included the Terms and Definitions (Section III). If the individual visits a Title X service site to obtain any family planning or related preventive health service, the encounter is considered a family planning encounter, and the client is considered a family planning user. Additional counseling and education not related to the service provided is not required for the service to count as a family planning encounter. Example: A new client who receives STD services—but no counseling, education, or clinical services aimed at avoiding an unintended pregnancy or achieving an intended pregnancy, is a family planning user, and the encounter is a family planning encounter.

HOW TO RECORD THE ENCOUNTER

Client demographics and visit specifics are recorded in the Ahlers WinCVR (Windows CVR screen) PC software system, or in an existing in-house system which has been programmed to record and transmit the required data. Demographics should be reviewed at each visit and changes recorded.

Ahlers (upon request) will provide a CVR master form which copies can be made (see page 3 and 37). The master is arranged in the same sequence as the WinCVR screens. You may use these to record your answers or simply key from your chart or internal encounter form.

The specific fields which are transmitted to Ahlers include the following:

DEMOGRAPHIC SPECIFIC DATA ELEMENTS

CLINIC NUMBER - This number is assigned by Ahlers and is automatically transmitted by WinCVR.

CLIENT NUMBER - This number may be up to nine digits. Because this number is used to “un-duplicate” clients, exercise care in not assigning two numbers to one client. WinCVR has an option to allow you to automatically assign numbers to new clients.

DATE of BIRTH - The client’s birth date. Clients under age 10 will not be accepted by the system.

GENDER – Record gender assigned at birth and/or how the client identifies their gender with their insurance company.

ZIP CODE - Record the five-digit zip code in which the client resides. WinCVR allows you to set up City, County and Zip Code so that one keystroke will record all three of these fields.

ANNUAL INCOME - This, along with Household Size, is used to calculate the patient’s poverty level. Because Title X regulations prohibit charging fees to patients at or below 100% of the current federal poverty level, the responses need to be very accurate.

The first big question to consider is "whose income"? Refer to *ND FPP policy 1.5 Charges, Billing and Collections*.

- For adults and minors whose parents know they are receiving services, the answer is the patient's income plus all others included in HOUSEHOLD SIZE. That would include spouse/significant other or parent.
- For minors requesting confidentiality, concerns outweigh the need to know the parents' income and statements of parents' income often represent a guess anyway.
- If the patient's income varies during the year, try to get a weekly or monthly figure and convert it to an annual figure.

Reporting Incomes correctly:

- If a client’s income is unknown or refuse to report (which should only be in extremely rare circumstances), enter \$99,999.
- If a client does not have any income, enter \$0 (or you can enter \$1 – some agencies use this process as a double check that it was asked and not missed), either way, it will still code them as 0.
- If a client has an income of over \$100,000, enter the total income.
- If a client states they do not want to be considered for sliding fee discounts on the income worksheet, then report an income of \$99,991 and household of 1.

HOUSEHOLD SIZE - Include all persons whose income was included in the previous question. The working definition of a family is: A social unit composed of one or more persons living together in a household.

Blood Pressure (BP) – record both diastolic and systolic measurements

HEIGHT – record height in inches.

WEIGHT- record weight in pounds.

SEXUAL ORIENTATION – Check appropriate box.

GENDER IDENTITY – Check appropriate box.

TOBACCO STATUS – Check the appropriate box for the best response: Current every day, Current some days, Former or Never. For clients who use tobacco products include all forms (e-cigarette, vaping, chew, pipe, and cigarettes).

RACE - Office of Management and Budget (OMB) encourages self-identification of race. When respondents are allowed to self-identify or self-report their race, agencies should adopt a method that allows respondents to mark or select **more than one** of the five minimum race categories. The five minimum categories for reporting race are as follows:

WHITE – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

BLACK OR AFRICAN AMERICAN – A person having origins in any of the black racial groups of Africa.

AMERICAN INDIAN OR ALASKAN – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

ASIAN – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

PACIFIC ISLANDER OR NATIVE HAWAIIAN – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or any other Pacific islands.

UNKNOWN/UNREPORTED – a person may not know or refuse to provide race.

LIMITED ENGLISH PROFICIENT (LEP) USERS – Refers to family planning users who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English.

Include as LEP any user who received Title X services from bilingual staff in the user's preferred non-English language, who was assisted by a competent agency or contracted interpreter, or who opted to use a family member or friend as an interpreter after refusing the provider's offer of free language assistance services.

Unless they are also LEP, do not include users who are visually or hearing impaired or have other disabilities.

HISPANIC OR LATINO - Choose either Yes, No or Unknown/Not Reported based on the client's declaration. (Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

VISIT SPECIFIC DATA ELEMENTS

#4. VISIT DATE - WinCVR automatically puts in today's date. You should confirm that the date shown is the date service was provided.

#5. PRIMARY SOURCE OF PAYMENT - Select **one** code which represents the way you expect to be paid **for today's visit**. Do not consider whether payment is actually received.

No Fee for those clients receiving a 100% discount.

Partial Fee for those clients who pay a partial fee.

Full Fee for those clients who pay full fee.

Medicaid (Traditional/Expansion) Refers to federal, state, or local government health insurance programs that provide a broad set of primary medical care benefits for eligible individuals that helps with healthcare costs for some people with limited income and resources.

Private Insurance Refers to health insurance coverage through an employer, union, or direct purchase that provides a broad set of primary medical care benefits for the enrolled individual (beneficiary or dependent).

Other Government Insurance (Military, VA) – includes insurance purchased for public employees or retirees or military personnel and their dependents (e.g., TRICARE or Civilian Health and Medical Program of the Department of Veterans Affairs [CHAMPVA]).

Medicare – health insurance for people 65 or older or others who have a disability, end-stage renal disease or Lou Gehrig's disease.

Women's Way - Women's Way may provide a way to pay for breast and cervical cancer screenings for eligible North Dakota women. Women's Way may also provide patient navigation services to help women overcome barriers and get timely access to quality care. Limited diagnostic procedures are also available to women enrolled in Women's Way.

#6. CLIENT INSURANCE STATUS - Record the best choice for the client's current insurance status. Although an insured client may elect not to use their health insurance to pay for services, they are considered insured and should be marked on the CVR form according to the type of health insurance coverage that they have.

Medicaid – Traditional - Refers to a federal and state program (public insurance) that helps with healthcare costs for some people with limited income and resources. Payments are based on a fee-for-service rate.

Medicaid – Expansion - Refers to a federal and state program (public insurance) that helps with healthcare costs for some people with limited resources. ND Medicaid pays the Expansion managed care organization to run the program such as Sanford Health or Blue Cross Blue Shield of ND historically.

Private Health Insurance - Refers to health insurance coverage through an employer, union, or direct purchase that provides a broad set of primary medical care benefits for the enrolled individual (beneficiary or dependent).

Women's Way – Refers to the ND breast and cervical cancer early detection program overseen by CDC. This would only be checked when a visit meets the criteria for the Women's Way program **for today's visit**.

Uninsured - Refers to clients who do not have a public or private health insurance plan that covers broad, primary medical care benefits. Those clients who have Indian Health Services (IHS) should also be considered uninsured.

Other Government Insurance (Military, VA) - Refers to insurance purchased for public employees or retirees or military personnel and their dependents (e.g., TRICARE or Civilian Health and Medical Program of the Department of Veterans Affairs [CHAMPVA]).

Medicare – Refers to a federal program that provides health coverage for the elderly or special health conditions (as noted earlier). Check this box for those clients who have Medicare, even if your agency does not have a provider agreement.

#7. PURPOSE OF VISIT - There are nine choices for the Purpose of Visit. Record the one that most closely fits the reason for the patient's visit.

Preventative Health Visit - New client - First physical examination (age appropriate) in which medical services (see Item 11 – Medical Services Provided) and appropriate lab services are provided (see Item 12 – Lab Services Provided) and contraceptive counseling and education are given in accordance with the QFP Guidelines. Other medical or counseling services may also be provided. This examination does not necessarily occur during the client's first visit to the agency.

Preventative Health Visit – Established client (usually provided annually) at which time the client receives a physical examination (age appropriate), in accordance with QFP recommendations, and further counseling or education as indicated. Visit may include medical, lab, and counseling as needed. Other preventive services may also be provided.

Medical Visit - A clinic visit in which Medical Services are provided but are not applicable to other visit types (i.e., Implant insert or removal, IUD insert or removal, and HPV vaccination).

Problem Visit - A clinic visit related to gynecological issues, or other problems not related to core components (i.e., contraception, pregnancy). This may include vaginitis, UTI, PMS, etc. The visit must include family planning counseling or education.

STI Screening/Tx - A clinic visit for a sexually transmitted infection screening and/or treatment. This may be the first visit to clinic or a return visit. A client seeking STI services, who refuses family planning counseling, information, or services that are offered, should not be reported as a family planning user.

Contraceptive Surveillance - A clinic visit related to any contraceptive service, except procedural visits (see medical visit above). This may include method or dose changes, EC's, bleeding problems, and injections.

Education/Counseling – A clinic visit where the client receives specific core components counseling, but no medical services are provided.

Pregnancy Test - A clinic visit for the purpose of determining a client’s pregnancy status. Other services may be provided during this visit.

Supply Visit - The patient’s primary purpose for the visit was to pick up contraceptive supplies. No medical services were provided. These visits are NOT FPAR-reportable.

#16. TELEMEDICINE ENCOUNTER - WinCVR will default to NO if this section is not marked.

#8. PRIMARY METHOD – A family planning user’s method, adopted or continued, at the time of exit from his or her last encounter in the reporting period. This item is not asking what supplies were dispensed. You may dispense condoms for disease prevention, but if the patient is using Orals from another visit or another source, her method is Orals. At intake of patient encounter, their reported contraceptive method(s) used in the last sexual encounter.

- If the user reports that he or she is using more than one family planning method, report the most effective one as the primary method.
- Code “Orals” if oral contraceptives have been prescribed or dispensed even when other non-prescription methods have been given as an interim method.
- If the client is relying on his/her partner’s method record the partner’s method. For example, if a male relies on his partner’s Orals, mark Orals for the male client.
- Record the proper method codes for **Before Visit** and **After Visit** in this section.

Definitions for FAM and LAM

- #05 Fertility awareness-based methods (FAMs) refer to family planning methods that rely on identifying the fertile days in each menstrual cycle when intercourse is most likely to result in a pregnancy. FAMs include Standard Days, Calendar Rhythm, TwoDay, Billings Ovulation, and SymptoThermal methods.
- #24 Lactational Amenorrhea Method (LAM) is the proactive application of exclusive breastfeeding during lactational amenorrhea for the first 6 months after delivery.¹⁰ For LAM to ensure adequate protection from an unplanned pregnancy, the following conditions must be met:
 - infant is less than 6 months of age,
 - no periods or spotting since delivery (i.e., amenorrhea),
 - exclusive or fully breastfeeding (i.e., no other liquid or solid given to infant) or nearly fully breastfeeding (i.e., infrequent supplementation in small amounts, but not by bottle), and
 - frequent or on-demand breastfeeding (i.e., no interval longer than 4 to 6 hours between breastfeeds)

If the patient is not using a contraceptive method, Code 19 - NONE and answer the Reason for No Method question.

#9. IF NO METHOD GIVE REASON - Choose the reason which best describes why the client is not using a contraceptive method. Choices include: Abstinence, Seeking Pregnancy, Same Sex Partner, Infertility or Other. Use “other” for diagnosed sterility due to non-surgical history.

- Record the proper method codes for **Before Visit** and **After Visit** in this section.

#17. HOW CONTRACEPTIVE METHOD WAS PROVIDED – mark the appropriate box if the method was provided on site (administered or dispensed), referred to another clinic, or given a prescription to fill at a pharmacy.

Mark **Provided Elsewhere** if client receives or has received contraceptive method from another medical provider.

Mark **N/A** if no specific method is provided at client appointment. Examples would include withdrawal or FAM.

#18. PREGNANCY STATUS - (Required answer for every visit, this includes male patients seeking pregnancy with a female patient). Mark the appropriate box for the client’s current pregnancy status. This term should be used to indicate that the patient is currently pregnant, not pregnant, or that the pregnancy status is unknown at this time. Depending on the context in which this term is used, there may be a need to capture more granular information. For example, further information such as whether the pregnancy is planned or unplanned and whether the status is patient reported or test confirmed may be necessary.

#19. PREGNANCY INTENTION - Mark the appropriate box for the client’s current intention for becoming pregnant. A patient's intention or desire in the next year to either become pregnant or prevent a future pregnancy. This includes male patients seeking pregnancy with a female partner. Pregnancy intention may be used to help improve preconception health screenings and decisions, such as determining an appropriate contraceptive method, taking folic acid, or avoiding toxic exposures such as alcohol, tobacco and certain medications.

#10. PROVIDERS OF MEDICAL/COUNSELING SERVICES - FPAR allows for one provider per encounter.

- Although a client may meet with both Clinical and Other Services Providers during an encounter, the provider with the highest level of training who takes ultimate responsibility for the client’s clinical or non-clinical assessment and care during the visit is credited with the encounter.
- Clinician codes are required for Physician and Mid-Level providers.
- Specific coding ranges have been established for each agency. Call Ahlers Customer Support if you do not know the ranges assigned to your agency. (Phone 800-888-1836, Fax 254-755-0267, or Email customerservice@ahlerssoftware.com)

#11. MEDICAL SERVICES PROVIDED – Mark the appropriate box(es) for medical and laboratory services provided.

This section **and** the laboratory services provided section, combined, allow for **40 checkmarks maximum**.

Definitions:

- BV TX Bacterial Vaginosis Treatment
- CBE Clinical Breast Exam
- EC Emergency Contraception
- HPV TX Human Papilloma Virus Treatment
- TRICH TX Trichomoniasis Treatment
- TSH/T4 Thyroid Stimulating Hormone/Free T4
- UTI TX Urinary Tract Infection Treatment

#12. LAB SERVICES

Select all laboratory tests provided.

Laboratory tests and related counseling and education, in and of themselves, do not constitute a family planning encounter unless the visit meets the criteria for a family planning encounter and services provided align with Title X regulations.

#14. COUNSELING SERVICES PROVIDED - Mark the appropriate box(es) for counseling services provided. This section allows for **12 checkmarks** maximum.

The table below lists components that may be included in **Female exam (68), Male exam (73) and Preconception counseling (78)**. If any of these three Counseling Services Provided are checked, the included items do not need to be checked, however, the pertinent counseling services must be documented in the medical chart.

Other counseling services may be checked in addition to the above three categories.

Female Exam (68) includes:	Male Exam (73) includes:	Preconception (78) includes:
Safer Sex Edu.	Safer Sex Edu.	Safer Sex Edu.
Contraception	Contraception	Contraception
Domestic Violence	Domestic Violence	Domestic Violence
Exercise	Exercise	Exercise
HIV	HIV	HIV
STD F/U	STD F/U	STD F/U
Immunizations	Immunizations	Immunizations
Nutrition	Nutrition	Nutrition
Genital Awareness	Genital Awareness	Obesity
Breast Awareness	Tobacco	Substance Abuse
Pap F/U	Reproductive Life Plan	Tobacco
Tobacco		Reproductive Life Plan
Reproductive Life Plan		

Definitions:

Screening is a process for evaluating the possible presence of a particular problem. The outcome is normally a simple yes or no.

<https://www.ncbi.nlm.nih.gov/books/NBK83253/>.

Screening questions asked during medical history do not constitute counseling and should **not** be checked in this section. (See exception to this statement under PHQ-2 definition below.)

Counseling includes the 5 A's construct—assess, advise, agree, assist, and arrange.

When screening results indicate the potential or actual presence of a health or psychosocial condition, the provider should either provide or refer the client for the appropriate further diagnostic testing, treatment or services that are consistent with the relevant federal or professional medical associations' clinical recommendations.

The documentation should reflect the nature of the counseling or coordination of care activities. Refer to *ND FPP policy 2.7.6 Health Maintenance Counseling and Education*.

Req Adol Counsel: Required Adolescent Counseling includes addressing family involvement, ways to resist sexual coercion, use of condoms, contraceptive options, abstinence, confidentiality, mandatory reporting requirements, trafficking risks, reproductive life planning and risk behavior assessment. Refer to *ND FPP policy 2.2.1 Adolescent Health*.

PHQ-2 – This Patient Health Questionnaire is used as the initial screening tool for major depressive episode. The PHQ-2 should be administered to every client when the client has not been seen for 2 weeks. This does not include supply visits. Refer to *ND FPP policy 2.7.9 Depression Screening*. If the PHQ screening was completed at the visit, that box may be checked, even if no specific counseling was provided.

PHQ-9 – This Patient Health Questionnaire is used as a follow-up screening tool when the PHQ-2 score meets the score needed for further evaluation. If the PHQ-9 is checked (#89), it is presumed PHQ-2 has also been administered. Refer to *ND FPP policy 2.7.9 Depression Screening*

Repro Life Plan: Reproductive Life Plan counseling should be based on the client's reproductive intentions, with documentation that is client specific.

Achieve Pregnancy: Counseling to achieve pregnancy is an interaction in which a provider spends time during an encounter discussing any services and/or provides counseling related to achieving pregnancy or addressing infertility. Refer to *ND FPP policy 2.7.3 Preconception Counseling and/or policy 2.7.4 Basic Infertility Services*.

#15. REFERRED ELSEWHERE - Code any referrals for which a recommendation or a formal arrangement has been made for the client to seek further care. Referrals are an important component of grant submission to document client follow-up of medical or social problems identified during a visit.

This section allows for **12 checkmarks**.

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Definitions:

Breast Concerns should be coded for clients with a Suspect Clinical Breast Exam. This is an FPAR data element

FAM/LAM Fertility Awareness Based Method/Lactational Awareness Method

WIC Special supplemental nutrition program for Women, Infants & Children

#7 Mental Health: This section may address any follow-up from the PHQ-2 and/or the PHQ-9 or assess client mental status. Multiple referrals may be checked including National Lifeline, Private Counselor, Human Services Center, Taken to Hospital, Provider Counseled, None Warranted and or Client Declined. **If either of the PHQ check blanks are marked, this section must be appropriately completed.**

#20. DO YOU WANT TO TALK ABOUT CONTRACEPTION OR PREGNANCY TODAY? – A patient's self-reported desire to discuss contraception at their visit. Can be asked to a person of any gender and should be asked minimum once per year. Can be asked alongside a patient's intention or desire in the next year to become pregnant.

Mark Yes if the client requests information. If answer is No, then mark the appropriate checkbox for values 02-08.

CORRECTING ERRORS

The WINCVR System will warn you of missing or invalid answers. Records which contain "reject errors" will not be transmitted to Ahlers.

You are encouraged to run the Incomplete Visit Report before running your transmission to confirm that all visits have been completed and transmitted.

It is possible that a visit was transmitted without all applicable services being coded or demographics not being updated either from the Ahlers system or another system. You can send a correction in the Ahlers WINCVR system by locating the visit, keying the correct data and clicking OK to accept the visit. It will be included on your next transmission.

Regardless of whether you are running the Ahlers WINCVR system or a non-Ahlers system, you will receive a list of CVRs with errors (see exhibit 3 for an example of this report) each month after monthly processing has occurred. The correction procedure for non-Ahlers system users is the same as for those running the WINCVR system. Correct the entries in error and resubmit the visit with your next transmission.

TRANSMITTING VISITS

Each month you will need to create a CVR transmission file and upload it to Ahlers via their web site. The transmission file creation process for the WINCVR system is described in the WINCVR manual. Regardless of whether you use the WINCVR or another system, you will receive an email confirmation from Ahlers within 24 hours. The confirmation will show the range of visit dates received along with a record count for each clinic transmitted.

The cut-off date is the 15th of the month. Transmissions after that date (or mail received after that date) will be included in the following month's activity.

PAP RESULTS REPORTING TO STATE OFFICE

FPAR Table 9 requires abnormal Pap result reporting on an annual basis. The Ahlers Lab Results Reporting module contains many reports which assist in proper lab results management and follow up and is well-suited for the Pap reporting required in the FPAR if it has been set up properly.

Following is an illustration of how to generate the necessary report from the Ahlers Lab Results Reporting module.

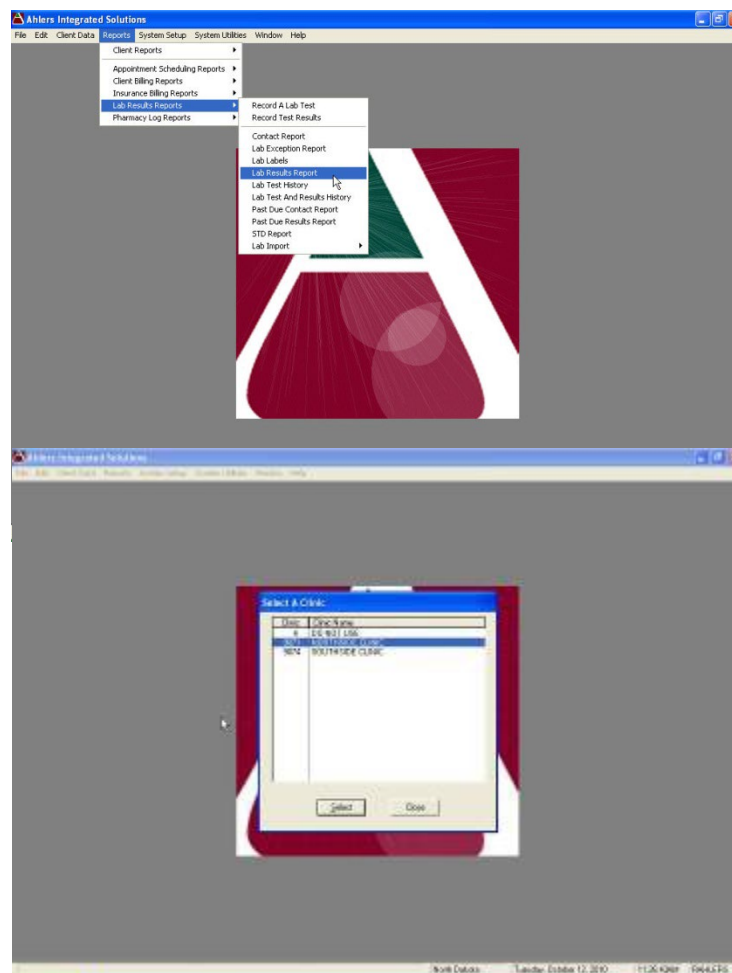


Figure 1

From the main screen, access the Lab Results Report option shown in Figure 1 from the Reports menu.

Next, pick the clinic site as shown in Figure 2. If you have more than 1 clinic site to be reported, repeat the steps in this section of the manual until all clinics have been reported to the state office.

Figure 2

Next, pick the appropriate date range. Because the state FP coordinator wishes for a monthly report, a monthly date range should be entered as shown below in Figure 3.

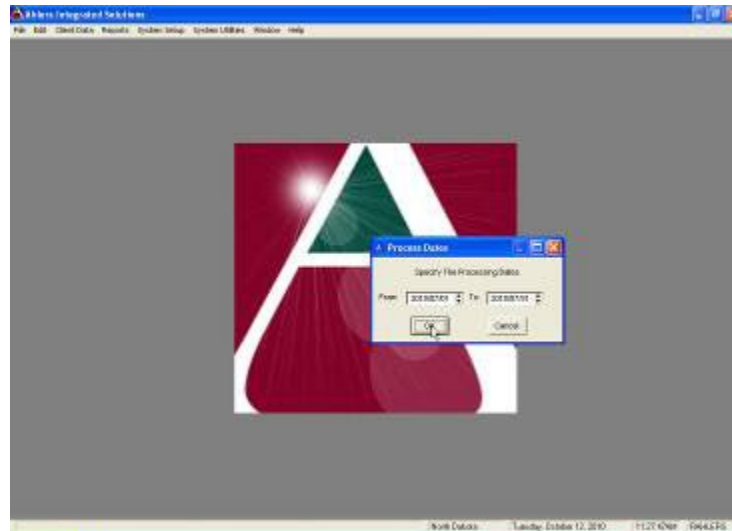


Figure 3

The next screen asks for the gender of the clients to be reported. Our choice of Both in Figure 4 assumes there were no Paps done for men in your agency.

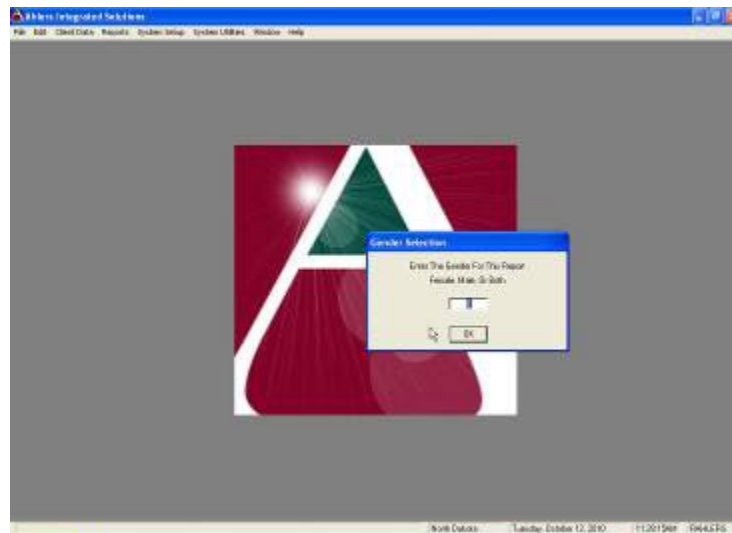


Figure 4

The next screen prompts for which tests need to be included in the output report. Clicking on the conventional and thin prep Pap tests as shown in Figure 5 will include both types of Paps for those agencies which perform both. Your list may vary as all clinics do not perform both types of Paps and therefore would not maintain both Pap test in their setup files.

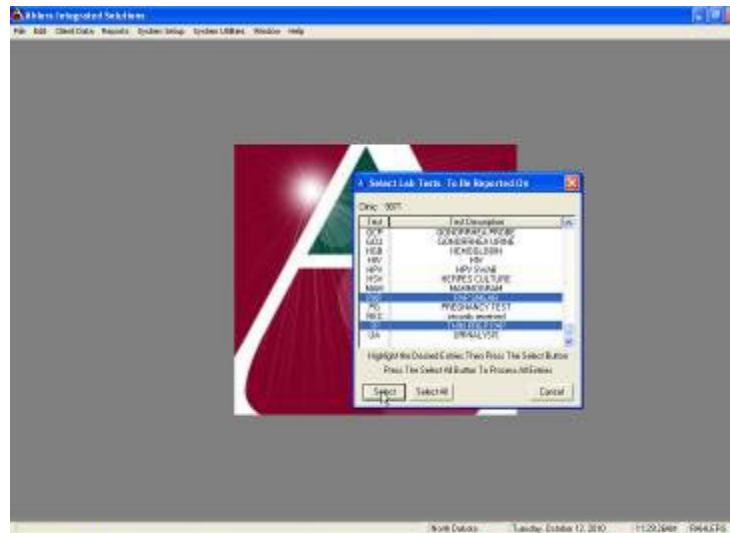


Figure 5

The next screen asks how you would like for the Pap report to be categorized. Figure 6 illustrates the Age selection was chosen for this report.

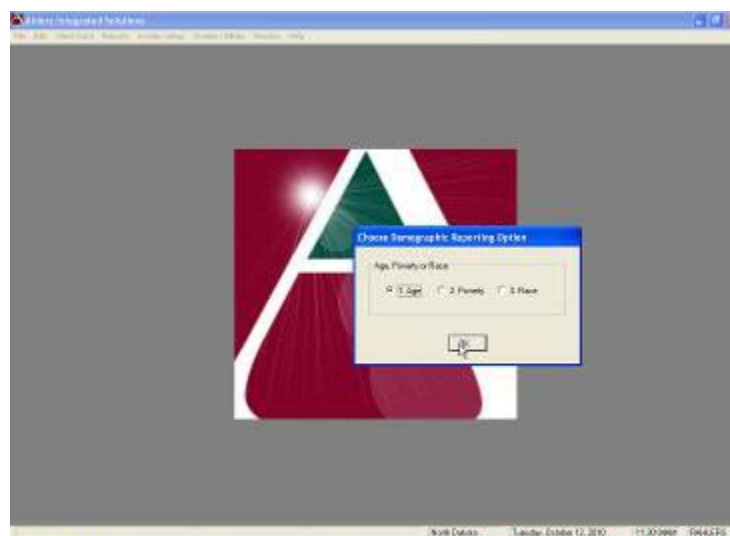


Figure 6

After clicking on the “T”, a file dialogue window appears so you may name the file and place the file where you want it. If you have more than 1 file to send you will want to name each file differently if you intend to put all of them in the same location as Windows doesn’t allow identical filenames and if it encounters them then previous files will be overwritten with subsequent files. The illustration in Figure 9 demonstrates the file is to be placed on the Desktop of the PC on which it was generated, and indicates the month of July as the month for which it was generated.

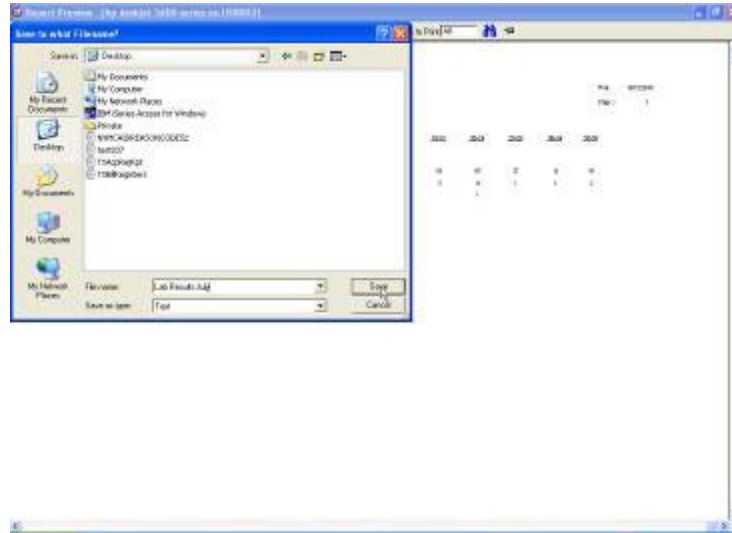


Figure 9

Clicking on the Save button will place the text file named Lab Results July on the Desktop. At this point the report will still be displayed and you may click the red “X” at the top of the report preview screen to exit.

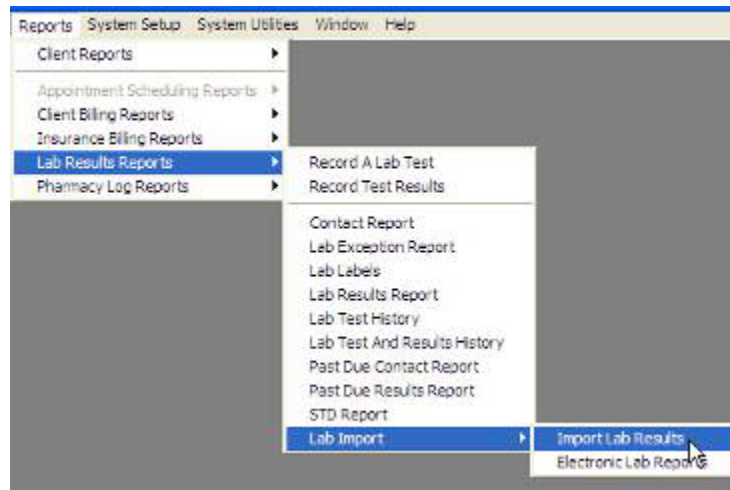
The final step is to open your email program and send an email with the lab report attached to Cora Rabenberg at crabenberg@nd.gov. In the example above, the file named Lab Results July.txt on the Desktop would be the file to attach to the email.

ELECTRONIC LAB RESULT POSTING FUNCTION

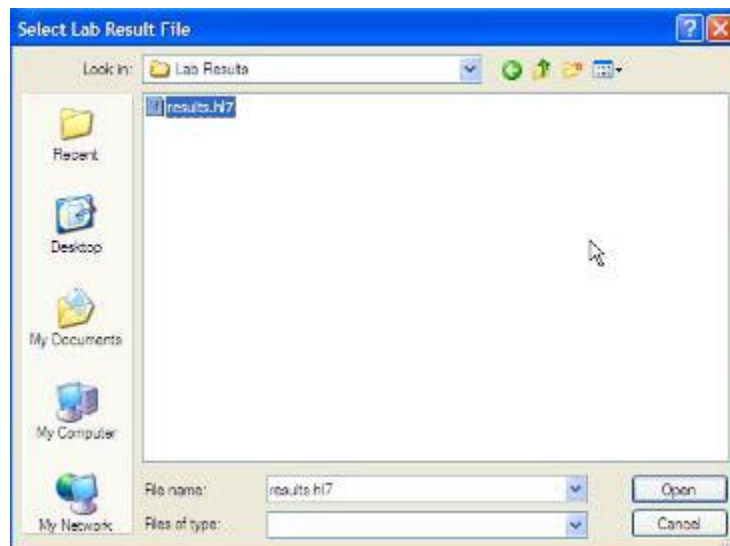
The Ahlers Lab Results Reporting module allows for importation and posting of electronic lab results from any lab which supports the HL7 message file format for lab result data. Electronic posting of lab result data has proven to be a huge timesaver for those agencies who utilize it, and facilitates more accurate posting of results as well. Here’s how it works:

IMPORT LAB RESULTS:

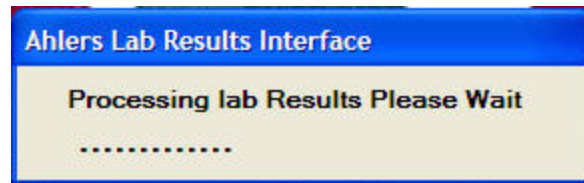
Once you have logged into the system select **REPORTS, LAB RESULTS REPORTS, LAB IMPORT**, and click **IMPORT LAB RESULTS**.



This will open a new window. Browse to find your lab results file that you received from your lab processing vendor (NDDoH, Cytocheck, etc.). Highlight the file and click **OPEN**.



Another window will appear briefly stating that the system is **PROCESSING LAB RESULTS PLEASE WAIT**.



Once completed, a new window will appear with the following information:

- Lab file name – The name of the file that you have imported into the Ahlers system
- Ahlers File Name: The system archives each file that you import into Ahlers. The system automatically renames the file and places it into a Lab folder where your program files are located.
- Results Posted: The number of results that successfully posted into your Ahlers system.
- Error Count: The number of tests that had an error and did not post into the Ahlers system.

A screenshot of a software window titled "Ahlers Lab Results Interface". The window displays a "Lab Result Posting Summary - 10/8/2010 10:55:08 AM". The summary is presented in a table with four columns: "Selected FileName", "Ahlers FileName", "Results Posted", and "Error Count". The table contains one row of data. Below the table, there is a footer that says "Double Click Results Posted or Error Count fields for more Data." and a set of icons including a printer, a refresh, a search, and a close button.

Selected FileName	Ahlers FileName	Results Posted	Error Count
results.hf7	20101008_105508.bt	7	2

There are also buttons located in the bottom right side of the box.



This button allows you to export the information into an excel file.



This button lets you select the printer that you will use to print any of the reports.



This button will give you a print preview of the report and allow you to print the report as well.



This button will allow you to close the current window.

At this point you know how many results posted successfully (Results Posted column) and how many did not (Error Count). To get more detail on either the Results Posted or the Error Count simply double click the number.

If you double click the **Results Posted** number a new window appears with the following information:

- Clinic – The clinic number that the patient had their lab work recorded in.
- Patient – Ahlers patient number.
- Date Collected – The date the specimen was collected.
- Test No – The Ahlers test code for that particular test.
- Ref No. – The reference number of the result in the lab import file.
- Result Posted – The Ahlers code of the result that was posted on the test.
- Closed – Marked as either Y or N. This based on the protocol setup within your system.
- Lab Result – The result as it was identified in the lab file you just imported.

Clinic	Patient	Date Collected	Test No	Ref No.	Result Posted	Closed	Lab Result
1901	1623501	07102008	P4P	1	01	Y	SPECIMEN ADEQUACY: Satisfact
1901	1643201	07102008	P4P	1	01	Y	SPECIMEN ADEQUACY: Satisfact
1901	910001658	07082008	P4P	1	01	Y	SPECIMEN ADEQUACY: Satisfact
1901	910004475	07082008	AMP	1	08	Y	Negative for N. gonorrhoeae
1901	910004475	07082008	CH	1	08	N	Negative for C. trachomatis
1901	910012490	07102008	AMP	1	08	Y	Negative for N. gonorrhoeae
1901	910012490	07102008	CH	1	08	N	Negative for C. trachomatis

From this screen you can review which tests posted and see if you have any follow-up required from the Closed status. Be sure the Result Posted and the Lab Result are the correct matching values. For instance, on the screen above the Result Posted is 01 which is *'Within*

Normal Limits which should match the Lab Result *'Negative for Intraepithelial Lesion or Malignancy'* which it does. If the system posted a 01 and the result was ASCUS that would be incorrect. If such a case arises you would need to contact Ahlers Customer Service at 800-888-1836 ext.140.

When you are finished viewing this window simply click either of the red x's to close this window.

If you double click the **Error Count** number a new window appears with the following information:

- Error Code – Internal number assigned to the error. This will help an Ahlers associate determine where the problem exists.
- Error Description – A brief description of why the result did not post.
- Lab Clinic – The lab's internal number assigned to your agency.
- Lab Patient – The patient number sent back in the lab results file.
- Lab Date Collected – The date collected as sent back in the lab results file.
- Lab Test No – The test name sent in the lab results file.
- Lab Result – The result sent in the lab results file.



The key information is the error description. This will help you understand why the lab did not post. If you need help with any of the errors please contact the Ahlers Customer Service department at 800-888-1836 ext. 140.

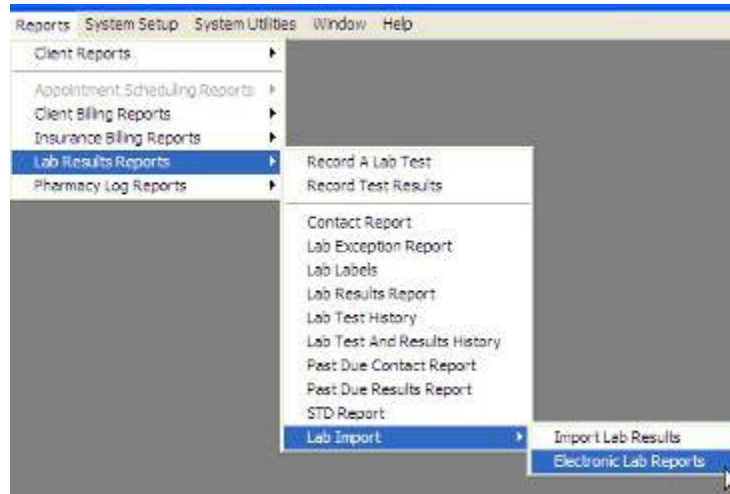
When you are finished viewing this window simply click either of the red x's to close this window.

You will then be taken back the Lab Result Posting Summary Window.

When you are finished viewing this window simply click either of the red x's to close this window.

LAB IMPORT REPORT

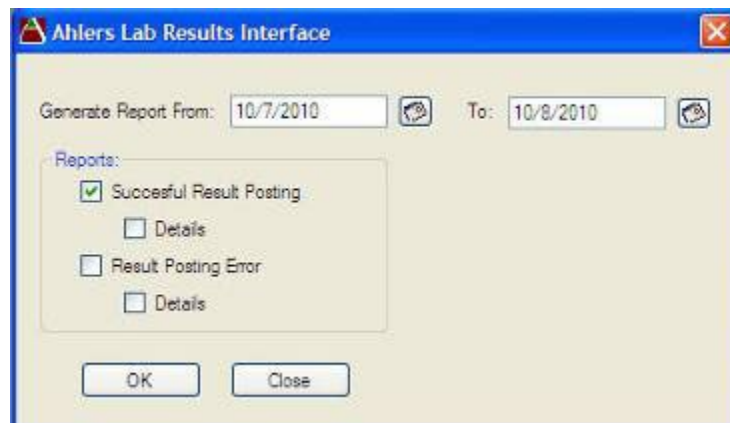
When you want to run a report to see a range of results posted or error results then click on **REPORTS, LAB RESULTS REPORTS, LAB IMPORT**, and click **ELECTRONIC LAB REPORTS**.



This will open a new window.

You will be able to select a date range and either **Successful Result Posting** or **Result Posting Error**.

Successful Result Posting option:



Click **OK** to run the report.

The report will appear on your screen as follows:



The screenshot shows a window titled "Ahlers Lab Results Interface" with a subtitle "Successful Lab Result Posting Details From 10/01/2010 To 10/30/2010". The main content is a table with the following columns: File Name, Lab Name, Clinic, Patient, Date Collected, Test, Closed, Lab Result, and Comments. The table contains several rows of data, including entries for PAP PAP and CH AMP CH tests.

File Name	Lab Name	Clinic	Patient	Date Collected	Test	Closed	Lab Result	Comments
20101000_1095...	CCDLIS	1901	1039581	07/13/2008	PAP PAP	Y	SPECIMEN AC...	
20101000_1095...	CCDLIS	1901	1043201	07/13/2008	PAP PAP	Y	SPECIMEN AC...	
20101000_1095...	CCDLIS	1901	010001050	07/08/2008	PAP PAP	Y	SPECIMEN AC...	
20101000_1095...	CCDLIS	1901	010004675	07/08/2008	AMP AMP GC	Y	Negative for N. g.	
20101000_1095...	CCDLIS	1901	010004675	07/08/2008	CH AMP CH	N	Negative for C. tr.	
20101000_1095...	CCDLIS	1901	010012400	07/13/2008	AMP AMP GC	Y	Negative for N. g.	
20101000_1095...	CCDLIS	1901	010012400	07/13/2008	CH AMP CH	N	Negative for C. tr.	

You have two new buttons on these windows.



This button will allow you to expand the row to show the entire content.



This button is the Field Chooser button. It allows you to uncheck or check columns in the view. A box appears with all the column names. If you want to view the column on the report then add a check mark by that column name. If you choose not to view a column then uncheck the box next to the column name.

This report has other options to customize your view. You may. . .

- Drag columns from position to another.
- Sort column information in ascending or descending order.
- Filter column information to show only particular tests, results or other information.
- Retrieve counts and summaries on a particular column.

The report contains the following information:

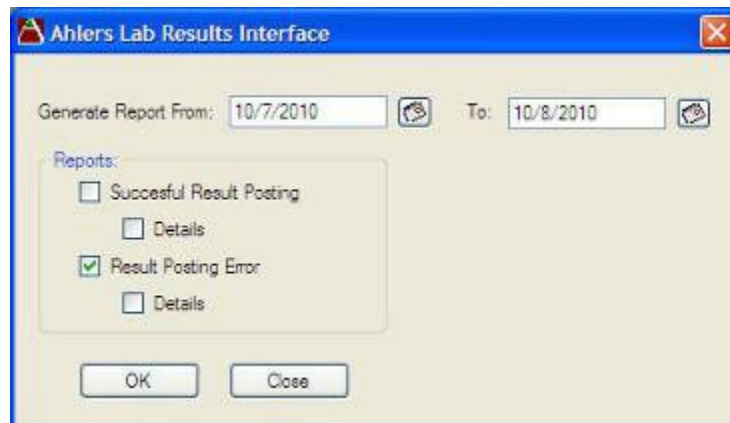
- File Name – This is the archived file name that is stored in the Lab folder typically located in the program file folder.
- Lab Name – Name of the Lab company that generated the result file.
- Clinic – The clinic number where the test was recorded in the Ahlers system.
- Patient – The patient number
- Date Collected – Date the specimen was collected.
- Test – The name of the test that had a successful result posting.
- Closed – Either Y or N based on the result posted and the protocol setup in your Ahlers system.

- Lab Result – The result sent back from the lab.
- Comments – The comments that were sent back with the lab result in the result file.

If you selected the detail option on under the Successful Result Posting option, you will have additional columns on your report.

- Ref No. – The reference number in the lab result file associated with the particular test.
- Result Posted – The result posted in the Ahlers system for the particular test.

Result Posting Error option:



Click **OK** to run the report.

The report will appear on your screen as follows:

File Name	Lab Name	Error Description	Lab Patient	Lab Date Collected	Lab Test No	Lab Result
20101008_1055	CCDLIS	Intermittent Pilo - Unabl.	91008964	07/08/2008	290 RPI Cr. Sero.	NEGATIVE - Results ind.
20101008_1056	CCDLIS	Lab?al-Max-Test Not No.	910012425	07/08/2008	287 Serepat/L	

The report contains the following information:

- File Name – This is the archived file name that is stored in the Lab folder typically located in the program file folder.
- Lab Name – Name of the Lab company that generated the result file.
- Error Description – The detail of the error that was produced for the particular test when trying to import into the Ahlers system.
- Lab Patient – The patient number sent back in the lab results file.
- Lab Date Collected – The date the specimen was collected according to the lab result file.
- Lab Test No. – The test code in the lab result file.
- Lab Result – The result that in the result file sent by the lab company.

If you selected the detail option under the Result Posting Error option, you will have additional columns on your report.

- Error Ref No. – Reference number assigned in Ahlers to the problem result for.
- Error Code – The error code that was generated when trying to import the lab result file.
- XML Pos. – If the result file is an XML file, this field would display the position of the result.
- MSH Pos. – If the result is an HL7 file, this will display the position of the MSH segment.
- PID Pos. – If the result is an HL7 file, this will display the position of the PID segment.
- TEST Pos. – If the result is an HL7 file, this will display the test position in the file.
- Lab Clinic – The number assigned by the lab company for your agency.

Monthly Accountability Reports

Following the 15th cut-off date for CVR MONTHLY transmissions, Ahlers uploads all of your transmission files to our mainframe computer. During this process the visit records are edited for accuracy and the database is updated with all records which passed the edit program. Additionally, several reports are produced and posted to the customer number login of each agency on the Ahlers web site, immediately after the monthly processing cycle. These reports are:

TRANSACTION LIST (Exhibit 1) - This report is useful in resolving differences between your count of visits for the month and those shown on the CVRs Processed Report.

The Transaction List shows all visit records processed in Date of Visit sequence. This allows a quick spot check to see if a day or group of days' visits were not processed.

CVRS PROCESSED REPORT (Exhibit 2) - Check this report each month to assure that all your visits were processed. If your Transmission Report(s) show 210 visits but the CVRs Processed Report shows 160 visits, check it out with Ahlers promptly.

The agency summary of this report shows the visits processed for each clinic. It allows management to note unusual volumes (high or low) and variations in the Purposes of Visit being coded by clinic staff.

CVR ERROR LISTING (Exhibit 3) - This report lists the specifics of which client visit record failed and why it failed. You can access the specific record in WINCVR or your other in-house system, correct the error, and it will be submitted in your next transmission if you're using the WINCVR system.

SUMMARY OF CVR ERRORS (Exhibit 4) - This report summarizes the errors discovered during monthly processing. If a particular error is being made often management can focus training around that issue with staff.

FPAR TABLES

The FPAR (Family Planning Annual Report) tables are produced to meet the Title X reporting requirements. All tables are produced annually. The FPAR tables are numbered to correspond with the table numbers in the federal FPAR report.

Table 1 Unduplicated Number of Family Planning Users by Age Group and Sex

Table 2 Unduplicated Number of Female Family Planning Users by Race and Ethnicity

Table 3 Unduplicated Number of Male Family Planning Users by Race and Ethnicity

Table 4 Unduplicated Number of Family Planning Users by Income Level

Table 5 Unduplicated Number of Family Planning Users by Principal Health Insurance Coverage Status

Table 6 Unduplicated Number of Family Planning Users with Limited English Proficiency (LEP)

Table 7 Unduplicated Number of Female Family Planning Users by Primary Method and Age Group

Table 8 Unduplicated Number of Male Family Planning Users by Primary Method and Age Group

Table 9 Cervical Cancer Screening Activities

Table 10 Clinical Breast Exams and Referrals

Table 11 Unduplicated Number of Family Planning Users Tested for Chlamydia by Age Group and Sex

Table 12 Number of Tests for Gonorrhea, Syphilis, and HIV and Number of Positive Confidential HIV Tests

Table 13 Number of Full-Time Equivalent Clinical Services Providers and Family Planning Encounters by Type of Provider**Table 14 Revenue Report****Special Reports**

Ahlers produces several hundred special reports each year for family planning agencies.

Before your staff spends any time going through stacks of charts or developing a 3 x 5 card follow-up method, give the state office or your grantee a call to discuss what Ahlers may be able to do for you. These special reports are often produced at no cost.

LIST OF EXHIBITS

1. Transaction List
2. CVRs Processed Report
3. CVRs Error List
4. Summary of CVR Errors
5. CVR - Clinic Visit Record
6. Third-Party File Specifications
7. Error Message Master File List

Exhibit 1, Transaction List

NORTH DAKOTA FAMILY PLANNING DATA SYSTEM														RUN DATE 9/16/2010	
TRANSACTIONS LIST														NDRI25 PAGE 1	
AUGUST, 2010															
D.O.B.	PATIENT #	T.O.V.	FAIL	D.O.B.	PATIENT #	T.O.V.	FAIL	D.O.B.	PATIENT #	T.O.V.	FAIL	D.O.B.	PATIENT #	T.O.V.	FAIL
	SHEPHERD # 00913			08/17/2010	00002365	SUPPLY		08/24/2010	00000966	MEDICAL		09/09/2010	00000995	TRIT	
08/02/2010	00001565	NAIET		08/17/2010	00007937	SUPPLY		08/25/2010	00001072	SUPPLY					
08/02/2010	00003446	NAIET		08/18/2010	00003761	NETH CK		08/25/2010	00007339	SUPPLY					
08/02/2010	00006189	PREC		08/18/2010	00004090	NETH CK		08/25/2010	00000758	SUPPLY					
08/02/2010	00007532	NAIET		08/18/2010	00006404	SUPPLY		08/26/2010	00000982	TRIT					
08/02/2010	00000843	NAIET		08/18/2010	00007195	SUPPLY		08/26/2010	00000984	TRIT					
08/02/2010	00000878	NAIET		08/18/2010	00007828	STD CHK		08/26/2010	00000985	PREC					
08/02/2010	00000837	NAIET		08/18/2010	00008561	SUPPLY		08/27/2010	00000964	SUPPLY					
08/02/2010	00000858	NAIET		08/18/2010	00008632	SUPPLY		08/30/2010	00002665	SUPPLY					
08/02/2010	00000945	NAIET		08/18/2010	00000840	PROBLER		08/30/2010	00006337	NETH CK					
08/03/2010	00000749	SUPPLY		08/18/2010	00000861	NETH CK		08/30/2010	00000465	MEDICAL					
08/03/2010	00000435	SUPPLY		08/18/2010	00000977	TRIT		08/30/2010	00000175	NETH CK					
08/03/2010	00000620	SUPPLY		08/19/2010	00006516	SUPPLY		08/30/2010	00000447	NETH CK					
08/04/2010	00000594	NETH CK		08/19/2010	00000630	STD CHK		08/30/2010	00000986	TRIT					
08/04/2010	00000291	SUPPLY		08/19/2010	00007428	MEDICAL		08/30/2010	00000987	STD CHK					
08/04/2010	00000591	SUPPLY		08/19/2010	00000220	AKHL		08/31/2010	00002345	SUPPLY					
08/04/2010	00000719	NETH CK		08/19/2010	00000259	NETH CK		09/01/2010	00002337	SUPPLY					
08/04/2010	00000035	STD CHK		08/19/2010	00000484	STD CHK		09/01/2010	00000988	MEDICAL					
08/04/2010	00000508	STD CHK		08/19/2010	00000883	NETH CK		09/01/2010	00000700	SUPPLY					
08/04/2010	00000555	NETH CK		08/20/2010	00001536	AKHL		09/01/2010	00000787	NETH CK					
08/04/2010	00000889	SUPPLY		08/20/2010	00003980	AKHL		09/01/2010	00000933	STD CHK					
08/04/2010	00000896	TRIT		08/20/2010	00000583	AKHL		09/01/2010	00000639	PREC					
08/05/2010	00000327	SUPPLY		08/20/2010	00000745	AKHL		09/01/2010	00000413	SUPPLY					
08/05/2010	00000357	SUPPLY		08/20/2010	00007226	PROBLER		09/01/2010	00000456	SUPPLY					
08/05/2010	00000967	STD CHK		08/20/2010	00007529	AKHL		09/01/2010	00000741	SUPPLY					
08/09/2010	00000225	NETH CK		08/20/2010	00007532	AKHL		09/01/2010	00000934	PREC					
08/09/2010	00000561	SUPPLY		08/20/2010	00000429	AKHL		09/01/2010	00000989	MEDICAL					
08/09/2010	00000571	SUPPLY		08/20/2010	00000558	AKHL		09/01/2010	00000989	PREC					
08/09/2010	00000753	SUPPLY		08/20/2010	00000844	AKHL		09/02/2010	00000643	SUPPLY					
08/09/2010	00000759	SUPPLY		08/20/2010	00000841	SUPPLY		09/07/2010	00002357	SUPPLY					
08/09/2010	00000968	TRIT		08/20/2010	00000878	AKHL		09/07/2010	00000830	SUPPLY					
08/09/2010	00000963	SUPPLY		08/20/2010	00000973	AKHL		09/07/2010	00000854	SUPPLY					
08/09/2010	00000978	SUPPLY		08/20/2010	00000877	SUPPLY		09/07/2010	00000802	SUPPLY					
08/11/2010	00000407	SUPPLY		08/20/2010	00000820	AKHL		09/07/2010	00000837	SUPPLY					
08/11/2010	00000214	SUPPLY		08/20/2010	00000890	AKHL		09/08/2010	00001899	SUPPLY					
08/11/2010	00000772	NETH CK		08/20/2010	00000840	SUPPLY		09/08/2010	00000551	STD CHK					
08/11/2010	00000877	MEDICAL		08/22/2010	00000873	SUPPLY		09/08/2010	00004985	PROBLER					
08/11/2010	00000879	TRIT		08/23/2010	00000523	SUPPLY		09/08/2010	00000780	NETH CK					
08/11/2010	00000971	STD CHK		08/23/2010	00000587	SUPPLY		09/08/2010	00000758	SUPPLY					
08/12/2010	00000389	NETH CK		08/23/2010	00006335	SUPPLY		09/08/2010	00000839	NETH CK					
08/12/2010	00000826	NETH CK		08/23/2010	00000547	SUPPLY		09/08/2010	00000873	SUPPLY					
08/12/2010	00000941	PROBLER		08/23/2010	00007297	SUPPLY		09/08/2010	00000670	SUPPLY					
08/12/2010	00000973	STD CHK		08/23/2010	00000744	SUPPLY		09/08/2010	00000890	STD CHK					
08/12/2010	00000974	TRIT		08/23/2010	00007463	SUPPLY		09/08/2010	00000891	TRIT					
08/11/2010	00001536	SUPPLY		08/23/2010	00000882	TRIT		09/09/2010	00000547	SUPPLY					
08/11/2010	00000815	SUPPLY		08/23/2010	00000890	SUPPLY		09/09/2010	00000587	SUPPLY					
08/16/2010	00000460	SUPPLY		08/23/2010	00000876	TRIT		09/09/2010	00000438	PREC					
08/16/2010	00000556	SUPPLY		08/23/2010	00000979	TRIT		09/09/2010	00000759	NETH CK					
08/16/2010	00000875	MEDICAL		08/23/2010	00000880	PREC		09/09/2010	00000416	SUPPLY					
08/16/2010	00000883	SUPPLY		08/23/2010	00000981	STD CHK		09/09/2010	00000933	MEDICAL					
08/16/2010	00000875	PREC		08/24/2010	00002984	SUPPLY		09/09/2010	00000892	MEDICAL					
08/16/2010	00000976	TRIT		08/24/2010	00000816	SUPPLY		09/09/2010	00000893	STD CHK					

CLINIC SUMMARY: TOTAL 156 REJECTED ACCEPTED 156 ACCEPT RATE 100 %

Exhibit 2, CVRs Processed Report

NORTH DAKOTA FAMILY PLANNING DATA SYSTEM													RUN DATE		
CVRs PROCESSED REPORT													NDRI10 PAGE 8		
CLINIC NUMBER	CLINIC NAME	INITIAL VISITS	ANNUAL VISITS	MEDICAL VISITS	PROBLEM VISITS	STD CHK VISITS	NETH CK VISITS	COUNS VISITS	PREG VISITS	SUPPLY VISITS	MAINT TRANS	TOTAL VISITS	REJECTS	TOTAL CURS	% REJ
		22	157	92	14	109	86	49	27	453	15	1009	0	1024	.0
		20	1	7	0	1	1	0	0	3	0	33	0	33	.0
		42	158	99	14	110	87	49	27	456	15	1042	0	1057	.0
P/C PROCESSING :		0													

Exhibit 3, CVRs Error Listing

NORTH DAKOTA FAMILY PLANNING DATA SYSTEM										RUN DATE	9/16/2010
CURS ERROR LISTING										NDM115	PAGE 1
AUGUST, 2010											
PATIENT NO.	### VISIT DATE ###	### LAST	TYPE	### BIRTH DATE ###	### MASTER	BATCH	SEQ.	ERROR	ERROR DESCRIPTION	CORRECTED BY AHLERS	
	CUR			CUR						YES	NO
44265	8/31/2010		05	5/05/1979		4	37	01300	REJECT: CHLAMYDIA SECTION NOT COMPLETE	YES	NO
24260	9/02/2010		04	9/01/1987		18	9	01005	REJECT: MEDICAL PROVIDERS MISSING OR A MEDICAL VI	YES	NO
59242	9/07/2010		02	8/23/1971		18	34	01300	REJECT: CHLAMYDIA SECTION NOT COMPLETE	YES	NO

Exhibit 4, Summary of CVR Errors

PROJECT TOTAL				NORTH DAKOTA FAMILY PLANNING DATA SYSTEM		RUN DATE	9/16/2010
				SUMMARY OF CUR ERRORS		NDM120	PAGE 7
				AUGUST, 2010			
		CURS PROCESSED	144				
		CURS REJECTED	3	2.08			
TYPE	ERROR	ERROR MESSAGE	NUMBER	%			
REJECT	01005	REJECT: MEDICAL PROVIDERS MISSING OR A MEDICAL VI	1	.69			
REJECT	01300	REJECT: CHLAMYDIA SECTION NOT COMPLETE	2	1.39			

NORTH DAKOTA CLINIC VISIT RECORD

CLINIC # _____ CLIENT # _____ D.O.B. _____ GENDER: F M ZIP _____

ANNUAL INCOME _____ HOUSEHOLD SIZE _____ BP _____ / _____ HEIGHT (inches) _____ WEIGHT (pounds) _____

SEXUAL ORIENTATION

- 1. Bisexual
- 2. Lesbian/Gay/Homosexual
- 3. Straight/Heterosexual
- 4. Other/Something Else
- 5. Unknown
- 6. Declined to Disclose

GENDER IDENTITY

- 01. Male
- 02. Female
- 03. Female to Male/Trans Male
- 04. Male to Female/Trans Female
- 05. Other
- 06. Neither M/F Exclusively
- 07. Declined to Disclose
- 08. Unknown

TOBACCO STATUS (check one):

- 1. Current Every Day
- 2. Current Some Day
- 3. Former
- 4. Never

RACE (check all that apply)

- 1. White
- 2. Black or African American
- 3. Am. Ind./Alaskan
- 4. Asian
- 5. Pacific Is./Hawaiian
- 6. Unknown/Unreported

LIMITED ENGLISH PROFICIENCY Y N

HISPANIC Y N Unknown/Not Reported

4. VISIT DATE _____ - _____ - **20** _____

5. PRIMARY SOURCE OF PAYMENT (check one)

- 1. No Fee
- 2. Partial Fee
- 3. Full Fee
- 4. Medicaid (Traditional or Expansion)
- 5. Private Insurance
- 6. Other Govt. Ins. (Military, VA)
- 7. Medicare
- 8. Women's Way

6. CLIENT INSURANCE STATUS (check one)

- 1. Medicaid (Traditional)
- 2. Medicaid (Expansion)
- 3. Private Health Insurance
- 4. Women's Way
- 5. Uninsured
- 6. Other Govt. Ins. (Military, VA)
- 7. Medicare
- 8. Medicare

7. PURPOSE OF VISIT (check one)

- 1. Preventive Health Visit (New Client)
- 2. Preventive Health Visit (Established Client)
- 3. Medical Visit
- 4. Problem Visit
- 5. STD Screening/Tx
- 6. Contraceptive Surveillance
- 7. Education/Counseling
- 8. Pregnancy Test
- 9. Supply Visit

16. TELEMEDICINE ENCOUNTER? Y N

8. PRIMARY METHOD (Complete before and after blocks)

01. Sterile Male	09. Spermicide
02. Sterile Female	10. Diaphragm
03. Orals - Combined	11. Injectables
23. Orals - Progestin Only	12. Contraceptive Patch
04. IUD/Unspecified	13. Vaginal Ring
21. IUD w/Progestin	14. Sponge
22. IUD Copper	15. Withdrawal
05. FAM	17. EC
24. LAM	18. Cervical Cap
06. Implantable Rod	19. None
07. Condom (male)	20. Decline to Answer
08. Condom (female)	

Before Visit After Visit

9. IF NO METHOD GIVE REASON

- 1. Abstinence
- 2. Seeking Pregnancy
- 3. Same Sex Partner
- 4. Infertility
- 6. Other

Before Visit After Visit

17. HOW CONTRACEPTIVE METHOD WAS PROVIDED:

- 1. Provided on site
- 2. Referral
- 3. Prescription
- 4. Provided Elsewhere
- 5. N/A

18. PREGNANCY STATUS	19. PREGNANCY INTENTION
<input type="checkbox"/> 1. Pregnant	<input type="checkbox"/> 1. Yes
<input type="checkbox"/> 2. Not Pregnant	<input type="checkbox"/> 2. Okay either way
<input type="checkbox"/> 3. Unknown	<input type="checkbox"/> 3. No
	<input type="checkbox"/> 4. Unsure

10. PROVIDERS OF MEDICAL/COUNSELING SERVICES

- 1. Physician _____
- 2. Nurse Prac. _____
- 3. RN _____
- 4. CNM _____
- 5. PA _____
- 6. Other (LPN, MA, etc.) _____

11. MEDICAL SERVICES PROVIDED

<input type="checkbox"/> 01. Bv Tx	<input type="checkbox"/> 11. Herpes Tx	<input type="checkbox"/> 21. IUD Check
<input type="checkbox"/> 02. Blood Pressure	<input type="checkbox"/> 12. EC	<input type="checkbox"/> 22. Medical Hx
<input type="checkbox"/> 03. Candida Tx	<input type="checkbox"/> 13. Gonorrhea Tx	<input type="checkbox"/> 23. Molluscum Tx
<input type="checkbox"/> 04. CBE	<input type="checkbox"/> 14. Height/Weight	<input type="checkbox"/> 24. Pelvic Exam
<input type="checkbox"/> 05. Diaph/Cap Fit/Chk	<input type="checkbox"/> 15. HPV Tx	<input type="checkbox"/> 25. Phys. Assess
<input type="checkbox"/> 06. Chlamydia Tx	<input type="checkbox"/> 16. HPV Vaccine	<input type="checkbox"/> 26. Contraceptive Change
<input type="checkbox"/> 07. Colpo/Cryo	<input type="checkbox"/> 17. Implant Insert	<input type="checkbox"/> 27. Testicular Exam
<input type="checkbox"/> 08. Contracep. Refill	<input type="checkbox"/> 18. Implant Removal	<input type="checkbox"/> 19. IUD Insertion
<input type="checkbox"/> 09. Syphilis Tx	<input type="checkbox"/> 19. IUD Insertion	<input type="checkbox"/> 28. Trich. Tx
<input type="checkbox"/> 10. 3-Month Injection	<input type="checkbox"/> 20. IUD Removal	<input type="checkbox"/> 29. UTI Tx

12. LAB SERVICES PROVIDED

<input type="checkbox"/> 30. Blood Glucose	<input type="checkbox"/> 39. HPV Typing	<input type="checkbox"/> 48. Stool Occult
<input type="checkbox"/> 31. CBC	<input type="checkbox"/> 40. Lipid Profile	<input type="checkbox"/> 49. Trich. Rapid
<input type="checkbox"/> 32. Chlamydia Test	<input type="checkbox"/> 41. Metabolic Panel	<input type="checkbox"/> 50. TSH/T4
<input type="checkbox"/> 33. Gonorrhea Test	<input type="checkbox"/> 42. Pap Smear	<input type="checkbox"/> 51. Urinalysis
<input type="checkbox"/> 34. Hemoglobin	<input type="checkbox"/> 43. Ph Test/Rapid BV	<input type="checkbox"/> 52. Wet Mount
<input type="checkbox"/> 35. Hepatitis B	<input type="checkbox"/> 44. Neg. Preg. Test	<input type="checkbox"/> 53. Mycoplasma Genitalia
<input type="checkbox"/> 36. Hepatitis C	<input type="checkbox"/> 45. Pos. Preg. Test	<input type="checkbox"/> 54. Monkeypox Test
<input type="checkbox"/> 37. Herpes Test	<input type="checkbox"/> 46. Repeat Pap.	
<input type="checkbox"/> 38. HIV Test	<input type="checkbox"/> 47. Syphilis Test	

14. COUNSELING SERVICES PROVIDED

<input type="checkbox"/> 61. Safe Sex Edu.	<input type="checkbox"/> 71. Immunizations	<input type="checkbox"/> 81. Req. Adol. Counsel
<input type="checkbox"/> 62. Blood Pressure	<input type="checkbox"/> 72. Infertility	<input type="checkbox"/> 82. Breast Awareness
<input type="checkbox"/> 63. Colorectal Scrn.	<input type="checkbox"/> 73. Male Exam	<input type="checkbox"/> 83. Sterilization
<input type="checkbox"/> 64. Contraception	<input type="checkbox"/> 74. Mental Health	<input type="checkbox"/> 84. Substance Abuse
<input type="checkbox"/> 65. Domestic Viol.	<input type="checkbox"/> 75. Nutrition	<input type="checkbox"/> 85. STD Follow-Up
<input type="checkbox"/> 66. Exercise	<input type="checkbox"/> 76. Obesity	<input type="checkbox"/> 86. Tobacco
<input type="checkbox"/> 67. FAM/LAM	<input type="checkbox"/> 77. Pap Follow-Up	<input type="checkbox"/> 87. Genital Awareness
<input type="checkbox"/> 68. Female Exam	<input type="checkbox"/> 78. Preconception	<input type="checkbox"/> 88. PHQ-2
<input type="checkbox"/> 69. Genetic Counsel	<input type="checkbox"/> 79. Pregnancy	<input type="checkbox"/> 89. PHQ-9
<input type="checkbox"/> 70. HIV	<input type="checkbox"/> 80. Rape	<input type="checkbox"/> 90. Reprod. Life Plan
	<input type="checkbox"/> 81. Abuse	<input type="checkbox"/> 91. Achieve Pregnancy

15. REFERRED ELSEWHERE (check all applicable)

<input type="checkbox"/> 01. Abnormal Pap	<input type="checkbox"/> 08. Nutritional Services
<input type="checkbox"/> 02. Breast Concerns	<input type="checkbox"/> 10. Other - Medical
<input type="checkbox"/> 03. Domestic Violence	<input type="checkbox"/> 11. Positive Pregnancy
<input type="checkbox"/> 04. FAM/LAM	<input type="checkbox"/> 12. Rape Crisis/Abuse
<input type="checkbox"/> 05. HIV Services/Screening	<input type="checkbox"/> 13. Social Services
<input type="checkbox"/> 06. Infertility	<input type="checkbox"/> 14. Sterilization
<input type="checkbox"/> 07. Mental Health	<input type="checkbox"/> 15. Substance Abuse
<input type="checkbox"/> 19. Nat. Lifeline (fax)	<input type="checkbox"/> 16. Tobacco Cessation
<input type="checkbox"/> 20. Priv. Counselor	<input type="checkbox"/> 17. WIC
<input type="checkbox"/> 21. Human Svcs. Center	<input type="checkbox"/> 18. Women's Way
<input type="checkbox"/> 22. Taken to Hospital	<input type="checkbox"/> 26. Ryan White
<input type="checkbox"/> 23. Provider Counseled	
<input type="checkbox"/> 24. None Warranted (PHQ-2 or 9)	
<input type="checkbox"/> 25. Client Declined	

20. DO YOU WANT TO TALK ABOUT CONTRACEPTION OR PREGNANCY TODAY?

- 01. Yes - I want to talk about contraception.
- No - I don't want to talk about contraception:
 - 02. I'm here for something else.
 - 03. This question doesn't apply to me.
 - 04. I prefer not to answer.
 - 05. I'm already using contraception.
 - 06. I'm unsure or don't want to use contraception.
 - 07. I'm hoping to become pregnant in the near future.

NORTH DAKOTA 3RD PARTY FILE SPECIFICATIONS May 1, 2024

***BOLD RED INDICATES DELETED ITEMS		***BOLD BLUE ENTRIES ARE NEW OR MODIFIED VALUES		FIELD VALUES	
FIELD DESCRIPTION	FORMAT	JUSTIFY	REC LENGTH	REC POSITION	REQD
CLINIC NUMBER	NUMERIC	RIGHT Zero Fill	7	001-007	Y
PATIENT NUMBER	NUMERIC	RIGHT Zero Fill	9	008-016	Y
DATE OF BIRTH CCM/MDD	NUMERIC	RIGHT	8	017-024	Y
SEX	ALPHA/AMERIC	RIGHT	1	025-025	Y
GENDER IDENTITY	ALPHA/AMERIC	RIGHT	2	026-027	Y
ANNUAL INCOME	ALPHA/AMERIC	RIGHT Zero Fill	6	028-033	Y
FAMILY SIZE	ALPHA/AMERIC	RIGHT Zero Fill	2	034-035	Y
ZIP CODE	ALPHA/AMERIC	RIGHT Zero Fill	5	036-040	Y
RACE	ALPHA/AMERIC	LEFT Blank Fill	7	041-047	Y
LIMITED ENGLISH	ALPHA/AMERIC	RIGHT	1	048-048	Y
HISPANIC ORIGIN	ALPHA/AMERIC	RIGHT	1	049-049	Y
TOBACCO STATUS	ALPHA/AMERIC	RIGHT	1	050-050	Y
DATE OF VISIT CCM/MDD	NUMERIC	RIGHT	8	051-058	Y
SOURCE OF PAYMENT	ALPHA/AMERIC	RIGHT	1	059-059	Y
INSURANCE STATUS	ALPHA/AMERIC	RIGHT	1	060-060	Y
PURPOSE OF VISIT	ALPHA/AMERIC	RIGHT Zero Fill	2	061-062	Y
PRIMARY METH/AFTER VISIT	ALPHA/AMERIC	RIGHT Zero Fill	2	063-064	Y
REASON FOR NONE - AFTER	ALPHA/AMERIC	RIGHT	1	065-066	Y
MEDICAL/COUNS PROVIDERS	ALPHA/AMERIC	LEFT Blank Fill	4	067-067	N
CLINICAL CODE 1	ALPHA/AMERIC	RIGHT Zero Fill	4	068-071	Y
CLINICAL CODE 2	ALPHA/AMERIC	RIGHT Zero Fill	4	071-075	Y
MEDICAL SERVICES	ALPHA/AMERIC	LEFT Blank Fill	80	076-079	Y
BLOOD PRESSURE - SYSTOLIC	ALPHA/AMERIC	RIGHT Zero Fill	3	080-159	N
BLOOD PRESSURE - DIASTOLIC	ALPHA/AMERIC	RIGHT Zero Fill	3	160-162	N
HEIGHT	ALPHA/AMERIC	RIGHT Zero Fill	2	163-165	N
WEIGHT	ALPHA/AMERIC	RIGHT Zero Fill	4	166-167	N
AHLERS USE	ALPHA/AMERIC	LEFT Blank Fill	4	168-171	N
TELEMEDICINE ENCOUNTER	ALPHA/AMERIC	RIGHT	1	172-175	Y
REASON FOR NONE - BEFORE	ALPHA/AMERIC	RIGHT	1	176-176	Y
HOW CONTRACEPTIVE PROVIDED	ALPHA/AMERIC	RIGHT	1	177-177	N
PREGNANCY STATUS	ALPHA/AMERIC	RIGHT	1	178-178	N
PREGNANCY INTENTION	ALPHA/AMERIC	RIGHT	1	179-179	Y
TALK ABOUT CONTR/PREG	ALPHA/AMERIC	RIGHT Zero Fill	2	180-180	Y
SEXUAL ORIENTATION	ALPHA/AMERIC	LEFT	1	181-182	Y
AHLERS USE	ALPHA/AMERIC	LEFT	1	183-183	Y
COUNSELING SERVICES	ALPHA/AMERIC	LEFT Blank Fill	24	184-184	N
REFERRED ELSEWHERE	ALPHA/AMERIC	LEFT Blank Fill	24	185-208	N
CLINICAL CODE 3	ALPHA/AMERIC	RIGHT Zero Fill	4	209-232	N
CLINICAL CODE 4	ALPHA/AMERIC	RIGHT Zero Fill	4	233-236	Y
VERSION CODE	NUMERIC	RIGHT	8	237-240	Y
CHLAMYDIA RESULTS	ALPHA/AMERIC	LEFT	10	241-248	Y
GONORRHEA RESULTS	ALPHA/AMERIC	LEFT	10	249-258	N
SYPHILIS RESULTS	ALPHA/AMERIC	LEFT	10	259-268	N
HIV RESULTS	ALPHA/AMERIC	LEFT	10	269-278	N
HPV RESULTS	ALPHA/AMERIC	LEFT	10	279-288	N
PAP RESULTS	ALPHA/AMERIC	LEFT	10	289-298	N
	ALPHA/AMERIC	LEFT	10	299-308	N

***ADDITIONAL NOTES
 REFERRED ELSEWHERE CODES 19-25 REQUIRE COUNSELING SERVICES 88 OR 89 TO BE CODED (CODES 88 AND 89 ARE NOT ALLOWED ON SAME VISIT)

NORTH DAKOTA FAMILY PLANNING DATA SYSTEM

ERROR ID	ERROR DESCRIPTION
100	REJECT: INVALID VERSION NUMBER
110	REJECT: SERVICE SITE NUMBER INVALID
120	REJECT: PATIENT NUMBER MISSING/INVALID
130	REJECT: DATE OF BIRTH MISSING/INVALID
132	REJECT: CLIENT'S AGE LESS THAN 10 YEARS OLD
133	REJECT: DATE OF BIRTH IS A FUTURE DATE
140	REJECT: GENDER CODE REQUIRED FOR 1ST VISIT
141	REJECT: GENDER CODE IS INVALID
210	REJECT: INCOME REQUIRED FOR 1ST AND PREVENTATIVE HEALTH VISITS
211	REJECT: INCOME IS INVALID
215	REJECT: FAMILY SIZE IS INVALID
220	REJECT: ZIP CODE REQUIRED FOR 1ST AND PREVENTATIVE HEALTH VISITS
221	REJECT: ZIP CODE IS INVALID
230	REJECT: TOBACCO USER INVALID
240	REJECT: SEXUAL ORIENTATION REQUIRED
241	REJECT: SEXUAL ORIENTATION CONTAINS INVALID DATA
242	REJECT: GENDER IDENTITY IS REQUIRED
243	REJECT: GENDER IDENTITY CONTAINS INVALID DATA
251	WARNING: FAMILY SIZE BLANK, ASSUME 1
255	WARNING: SYSTOLIC LOWER THAN 40
256	WARNING: DIASTOLIC HIGHER THAN 250
257	WARNING: BLOOD PRESSURE NOT CODED PROPERLY
258	WARNING: HEIGHT UNDER 54 OR OVER 86 INCHES
259	WARNING: HEIGHT HAS NOT BE ANSWERED
260	WARNING: WEIGHT BELOW 70 OR OVER 400 POUNDS
261	WARNING: WEIGHT HAS NOT BE ANSWERED
300	REJECT: RACE REQUIRED FOR FIRST VISIT
301	REJECT: RACE CODE IS INVALID
310	REJECT: INTERPRETER NEEDED IS INVALID
320	REJECT: ETHNICITY CODE IS INVALID
321	REJECT: ETHNICITY CODE REQUIRED FOR 1ST VISIT
400	REJECT: VISIT DATE MISSING/INVALID
401	REJECT: DATE OF VISIT IS A FUTURE DATE
402	REJECT: DUPLICATE VISIT ON FILE
500	REJECT: SOURCE OF PAY IS MISSING
510	REJECT: SOURCE OF PAYMENT IS INVALID
600	REJECT: CLIENT INSURANCE STATUS IS INVALID
700	REJECT: PURPOSE OF VISIT IS MISSING
710	REJECT: PURPOSE OF VISIT IS INVALID
800	REJECT: BEGINNING METHOD MANDATORY ON THE FIRST VISIT
801	REJECT: CONTRACEPTIVE METHODS MISSING
802	REJECT: CONTRACEPTIVE METHODS INVALID
851	WARNING: STERILIZATION UNDER 21
901	REJECT: REASON FOR NO METHOD AFTER VISIT BLANK
902	REJECT: REASON FOR NO METHOD BEFORE VISIT BLANK
931	REJECT: INVALID REASON FOR NO METHOD AFTER VISIT CODED
932	REJECT: INVALID REASON FOR NO METHOD BEFORE VISIT CODED
1000	REJECT: MEDICAL PROVIDERS ARE INVALID
1005	REJECT: MEDICAL PROVIDERS MISSING ON A MEDICAL VISIT
1010	REJECT: MEDICAL PROVIDER CODE MISSING OR INVALID
1015	REJECT: MEDICAL PROVIDER CODE NOT WITHIN RANGE
1100	REJECT: MEDICAL SERVICES INVALID
1105	REJECT: MEDICAL VISIT BUT NO MEDICAL SERVICES CODED
1110	REJECT: MED SERVICE 08 NOT CODED FOR SUPPLY VISIT
1115	REJECT: MED SERVICE OTHER THAN 08 CODED FOR SUPPLY VISIT

NORTH DAKOTA FAMILY PLANNING DATA SYSTEM

ERROR ID	ERROR DESCRIPTION
1120	REJECT: FEMALE CLIENT HAS MALE ONLY SERVICE- (27)
1125	REJECT: MALE HAS FEMALE SERVICE
1200	REJECT: POSITIVE/NEGATIVE PREGNANCY TEST ON THE SAME DAY
1205	REJECT: MEDICAL SERVICE 42,46 ON THE SAME DAY
1400	REJECT: COUNSELING ONLY VISIT BUT NONE CODED
1401	REJECT: COUNSELING SERVICES INVALID
1402	REJECT: MALE HAS FEMALE COUNSELING SERVICE-(77)
1403	REJECT: COUNSELING SERVICE 88,89 ON THE SAME DAY
1500	REJECT: REFERRED ELSEWHERE INVALID
1501	REJECT: COUNSELING SVC 88,89 CODED MISSING REFERRED ELSEWHERE 19-25
1502	REJECT: REFERRED ELSEWHERE 19-25 CODED MISSING COUNSELING SVC 88,89
1600	REJECT: TELEMEDICINE ENCOUNTER IS MISSING
1610	REJECT: TELEMEDICINE ENCOUNTER IS INVALID
1700	REJECT: CONTRACEPTIVE METHOD PROVIDED IS MISSING
1710	REJECT: CONTRACPETIVE METHOD PROVIDED IS INVALID
1800	REJECT: PREGNANCY STATUS IS MISSING
1810	REJECT: PREGNANCY STATUS IS INVALID
1900	REJECT: PREGNANCY INTENTION IS MISSING
1910	REJECT: PREGNANCY INTENTION IS INVALID
2000	REJECT: TALK ABOUT CONTRACEPTION IS MISSING
2010	REJECT: TALK ABOUT CONTRACEPTION IS INVALID
2101	REJECT: PAP RESULTS CONTAIN INVALID DATA
2102	REJECT: PAP RESULTS CODED AND MED SVC 42,46 NOT CODED
2201	REJECT: GONORRHEA RESULTS CONTAIN INVALID DATA
2202	REJECT: GONORRHEA RESULTS CODED AND MED SVC 33 NOT CODED
2301	REJECT: SYPHILIS RESULTS CONTAIN INVALID DATA
2302	REJECT: SYPHILIS RESULTS CODED AND MED SVC 47 NOT CODED
2401	REJECT: HPV RESULTS CONTAIN INVALID DATA
2402	REJECT: HPV RESULTS CODED AND MED SVC 39 NOT CODED
2501	REJECT: CHLAMYDIA RESULTS CONTAIN INVALID DATA
2502	REJECT: CHLAMYDIA RESULTS CODED AND MED SVC 32 NOT CODED
2601	REJECT: HIV RESULTS CONTAIN INVALID DATA
2602	REJECT: HIV RESULTS CODED AND MED SVC 38 NOT CODED