NORTH DAKOTA FAMILY PLANNING

DATA SYSTEM MANUAL

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Table of Contents

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<u>INTRODUCTION</u>

Annual submission of the Family Planning Annual Report (FPAR) is required of all Title X family planning services grantees for purposes of monitoring and reporting program performance (45 Code of Federal Regulations [CFR] Part 752). FPAR data are presented in summary form to protect the confidentiality of individuals who receive Title X-funded services (42 CFR Part 59).

The purpose of the FPAR is to provide a comprehensive view of the family planning activities within the scope of the grantee's Title X-funded project, as defined in the approved grant application. Family planning services grantees should report the total, unduplicated number of users, encounters, and other outputs from activities that are within the scope of a grantee's Title X-funded project.

The FPAR 2.0 data collection builds on data already reported in FPAR 1.0 and adds additional detail that will allow OPA to report to HHS leadership and Congress more completely on the services provided by Title X grantees in their communities. The system will also provide grantees with reporting tools and interactive dashboards to analyze their data, communicate with stakeholders, and identify areas for improvement.

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 taken up with 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/2021-11/fpar-forms-instructions-reissued-nov-2021.pdf

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

North Dakota Family Planning | Department of Health (nd.gov) Policy Manual

Resources | Reproductive Health National Training Center (rhntc.org)

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 |___|___|—|___|___|—|**2 0**|___|___|

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)
- ☐ 3. Medicaid (Expansion)
- ☐ 2. Private Health Insurance
- ☐ 4. Women's Way
- ☐ 5. Uninsured
- ☐ 7. Other Govt. Ins. (Military, VA)
- ☐ 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
- 02. Sterile Female
- 03. Orals - Combined
- 23. Orals – Progestin Only
- 04. IUD/Unspecified
- 21. IUD w/Progestin
- 22. IUD Copper
- 05. FAM
- 24. LAM
- 06. Implantable Rod
- 07. Condom (male)
- 08. Condom (female)
- 09. Spermicide
- 10. Diaphragm
- 11. Injectables
- 12. Contraceptive Patch
- 13. Vaginal Ring
- 14. Sponge
- 15. Withdrawal
- 17. EC
- 18. Cervical Cap
- 19. None
- 20. Decline to Answer

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

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

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

15. REFERRED ELSEWHERE (check all applicable)
- ☐ 01. Abnormal Pap
- ☐ 02. Breast Concerns
- ☐ 03. Domestic Violence
- ☐ 04. FAM/LAM
- ☐ 05. HIV Services/Screening
- ☐ 06. Infertility
- ☐ 07. Mental Health
- ☐ 08. Nutritional Services
- ☐ 10. Other – Medical
- ☐ 11. Positive Pregnancy
- ☐ 12. Rape Crisis/Abuse
- ☐ 13. Social Services
- ☐ 14. Sterilization
- ☐ 15. Substance Abuse
- ☐ 16. Tobacco Cessation
- ☐ 17. WIC
- ☐ 18. Women's Way
- ☐ 26. Ryan White
- ☐ 19. Nat. Lifeline (fax)
- ☐ 20. Priv. Counselor
- ☐ 21. Human Svcs. Center
- ☐ 22. Taken to Hospital
- ☐ 23. Provider Counseled
- ☐ 24. None Warranted (PHQ-2 or 9)
- ☐ 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 terms to ensure uniform reporting by Title X grantees. The terms describe the individuals receiving family planning and related preventive health services at Title X-funded service sites, the range and scope of the services provided, and the family planning providers who deliver care.

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 be counted as a family planning user only once during the reporting period. A client becomes a "new user" when they receive counseling, education, or clinical services aimed at avoiding unintended pregnancy or achieving intended pregnancy for the first time at the service site. At subsequent visits, the user is an "ongoing user."

Ongoing User[2]
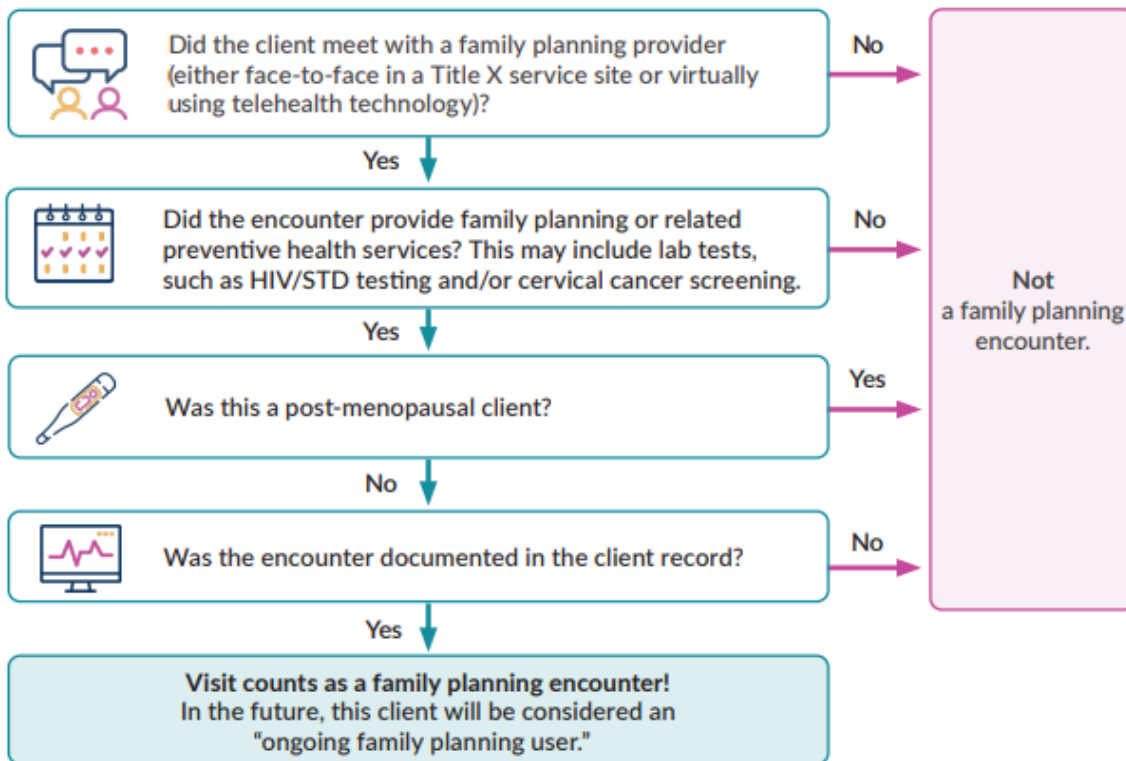
*A visit with an ongoing family planning user of reproductive age who was sterilized (under the site's Title-funded project or elsewhere) and continues to receive gynecological or related preventive health services from the site **is** considered a family planning encounter; the client continues to be a family planning user.

* A visit with a client who is post-menopausal or has had a hysterectomy is not considered a family planning encounter, and the client **is not** a family planning user.

FAMILY PLANNING PROVIDER – A family planning provider is the individual who assumes primary responsibility for assessing a client and documenting services in the client record. Providers include those agency staff that exercise independent judgment as to the services rendered to the client during an encounter. Two general types of providers deliver Title X family planning services: Clinical Services Provider and Other Services provider.

> **CLINICAL SERVICES PROVIDERS** – includes physicians (family and general practitioners, specialists), physician assistants, nurse practitioners and certified 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 (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care. Clinical Services Providers are able to offer client education, counseling, referral, follow-up, and clinical services (physical assessment, treatment, and management) relating to a client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, in accordance with the Title X program requirements.

> **OTHER SERVICES PROVIDERS** – Include other agency staff (e.g., registered nurses, public health nurses, licensed vocational or licensed practical nurses (LPNs), certified nurse assistants, health educators, social workers, or clinic aides) that 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 Guidelines. Other Services Providers may also perform or obtain samples for routine laboratory tests (e.g., urine, pregnancy, STD, and cholesterol and lipid analysis), give contraceptive injections (e.g., Depo -Provera), and perform routine clinical procedures that may include some aspects of the user physical assessment (e.g., blood pressure evaluation), in accordance with 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 preventative health services to female and male clients who want to avoid unintended pregnancies or achieve intended pregnancies. To be counted for purposes of the FPAR, a written record of the services provided during the family planning encounter must be documented in the client record.

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

There are two types of family planning encounters: (1) family planning encounters with a Clinical Services Provider and (2) family planning encounters with an Other Services Provider. 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 non-clinical assessment and care during the encounter, is credited with the encounter.

> **FAMILY PLANNING ENCOUNTER WITH A CLINICAL SERVICES PROVIDER** - A documented, face-to-face or virtual encounter between a family planning client and a Clinical Services Provider.

> **FAMILY PLANNING ENCOUNTER WITH AN OTHER SERVICES PROVIDER** - A documented, face-to-face or virtual encounter between a family planning client and an Other Services Provider.

Laboratory tests and related counseling and education, in and of themselves, do not constitute a family planning encounter *unless*:

1. there is face-to-face or virtual contact between the client and provider;

2. the provider documents the encounter in the client's record; *and*

3. for new users, the tests are accompanied by family planning counseling or education.

Family Planning Encounter Flow Charts

New User[1]
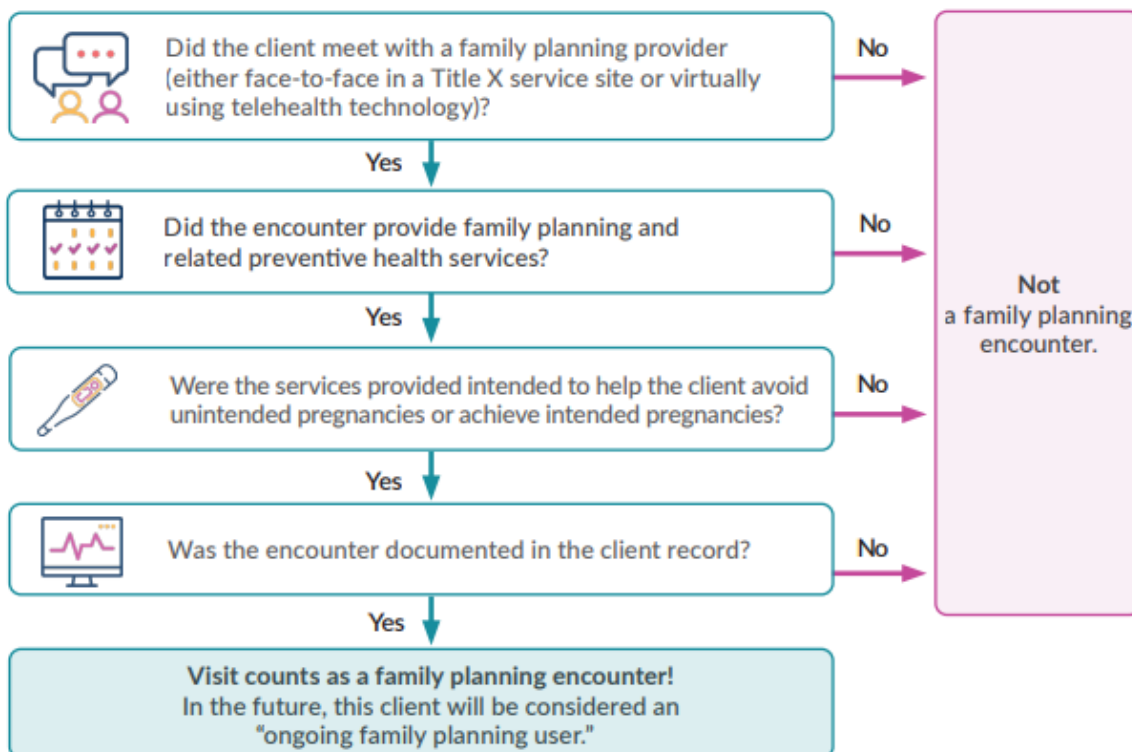
*A visit with a **new** client who is post-menopausal or has had a hysterectomy is not considered a family planning encounter, and the client **is not** a family planning user.

FAMILY PLANNING SERVICE SITE

A family planning service site refers to an established unit where grantee or subrecipient agency staff provide Title X services (clinical, counseling, educational, or referral), either through face-to-face or virtual contact, that comply with the Title X program requirements, and where at least some of the encounters between the family planning providers and the individuals served meet the requirements of a family planning encounter. Established units include clinics, hospital outpatient departments, homeless shelters, detention and correctional facilities, and other locations where Title X agency staff provide these family planning services. Service sites may also include equipped mobile vans or schools.

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.

May 2024

- 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 - <u>New client</u> - 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 – <u>Established client</u> (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 Telehealth is defined as the use of electronic information and telecommunication technologies to support and promote, at a distance, health care, patient and professional health related education, health administration, and public health. (HRSA, 2021) Telehealth and telemedicine are often used interchangeably. Telemedicine is usually defined narrowly by insurers to include technologies like live videoconference and remote patient monitoring, while telehealth is often defined more broadly, to include basic telecommunication tools, as simple as phone calls, text messages, emails, or more sophisticated online health portals that allow patients to communicate with their providers. (Weigel, et al., 2020)

There are several telehealth modalities that allow for delivery of healthcare (CDC, 2020):

- **Synchronous:** This includes real-time telephone or live audio-video interaction typically with a patient using a smartphone, tablet, or computer.

  In some cases, peripheral medical equipment (e.g., digital stethoscopes, otoscopes, ultrasounds) can be used by another healthcare provider (e.g., nurse, medical assistant) physically with the patient, while the consulting medical provider conducts a remote evaluation.

- **Asynchronous:** This includes "store and forward" technology where messages, images, or data are collected at one point in time and interpreted or responded to later. Patient portals can facilitate this type of communication between provider and patient through secure messaging.

- **Remote patient monitoring:** This allows direct transmission of a patient's clinical measurements from a distance (may or may not be in real time) to their healthcare provider.

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.**

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.
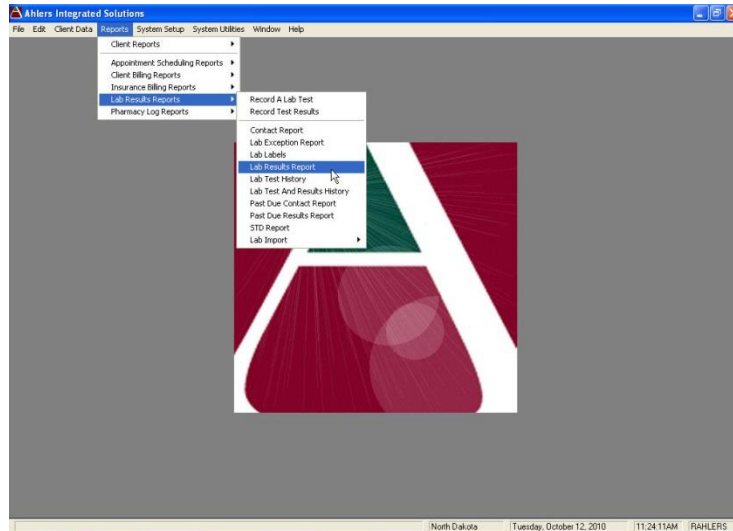
Figure 1

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.
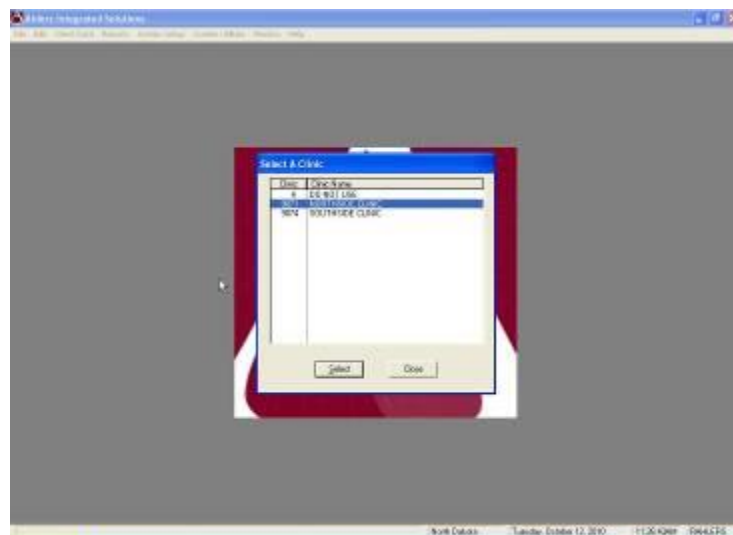
Figure 2

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.
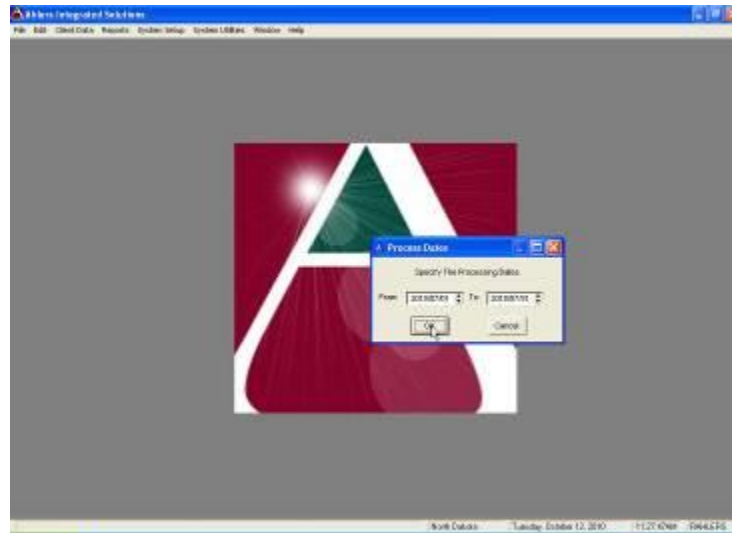
Figure 3

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.
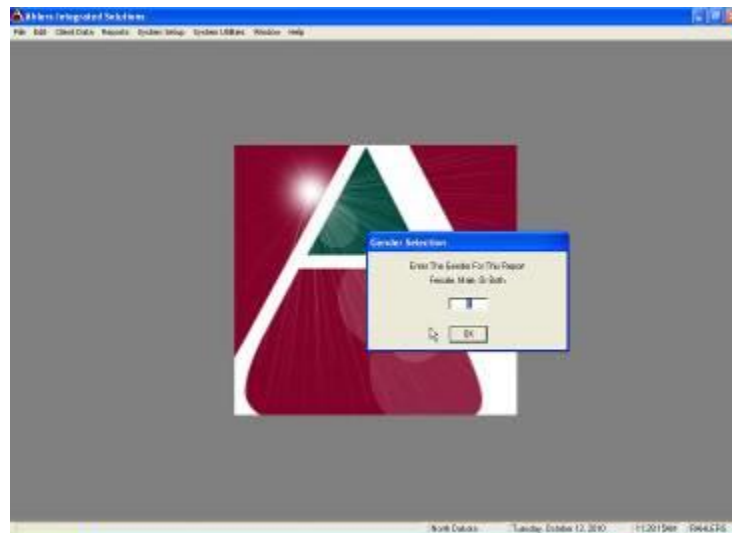
Figure 4

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 tests in their setup files.
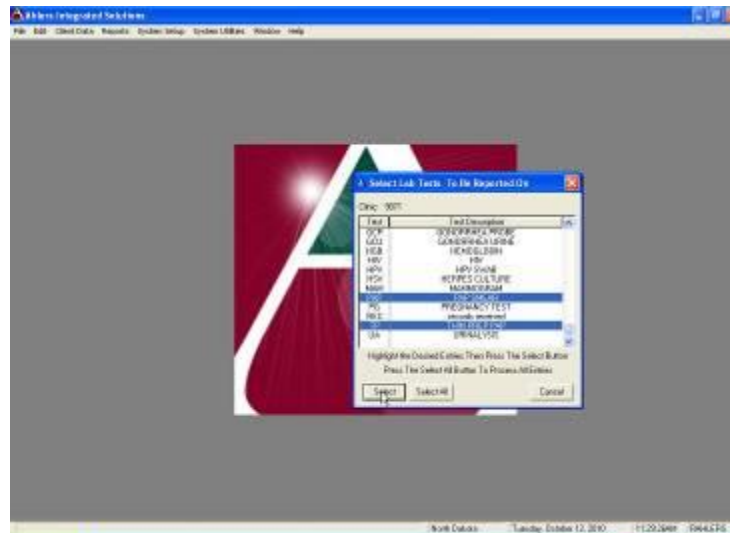
Figure 5

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

The next screen is a Print Preview prompt. Answering "yes" will display the report on the screen. Because this report needs to be emailed to the state FP coordinator, the answer is always "yes" as shown in Figure 7.

Figure 7

Figure 8 illustrates how the output will look on the screen. Notice the pointer is on the "T" button at the top of the screen. Clicking on this button will create a text file which will need to be emailed to the state FP coordinator.

Figure 8

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.
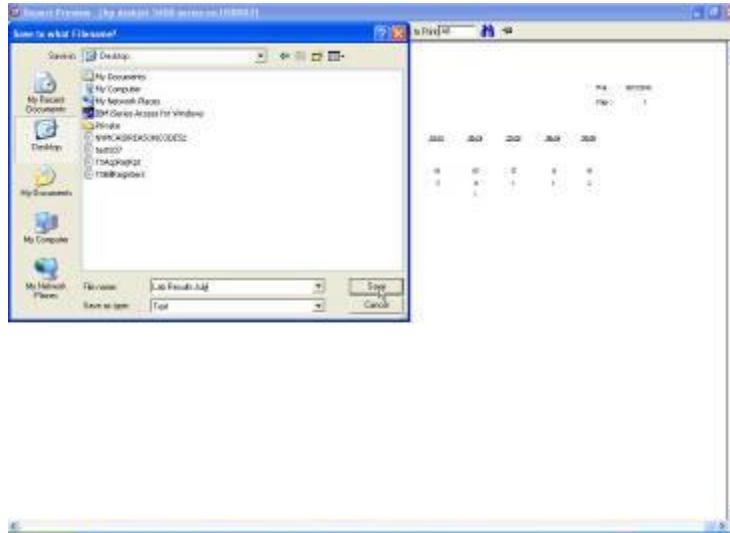
Figure 9

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**.
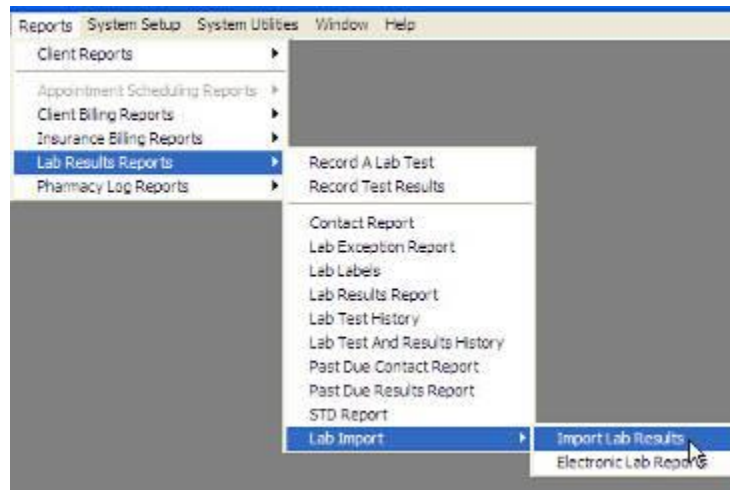
This will open a new window. Browse to find your lab results file that you received from your lab processing vendor (NDDoH, Cytocheck, etc.). Highlight the file and click **OPEN**.
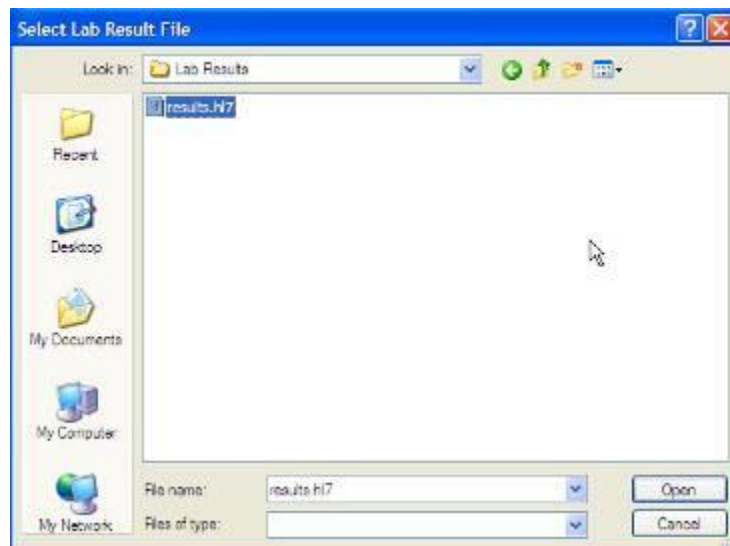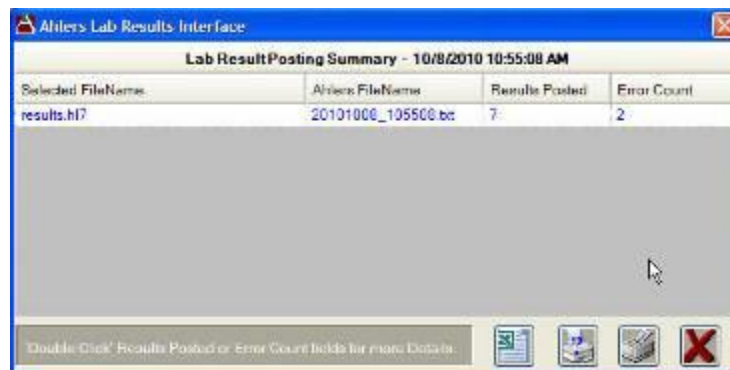
Another window will appear briefly stating that the system is **PROCESSING LAB RESULTS PLEASE WAIT**.
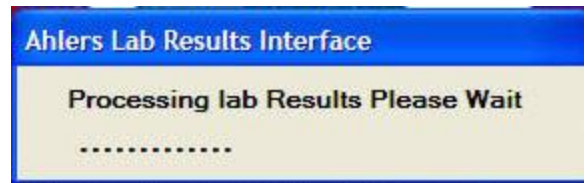
Once completed, a new window will appear with the following information:

- 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.

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.

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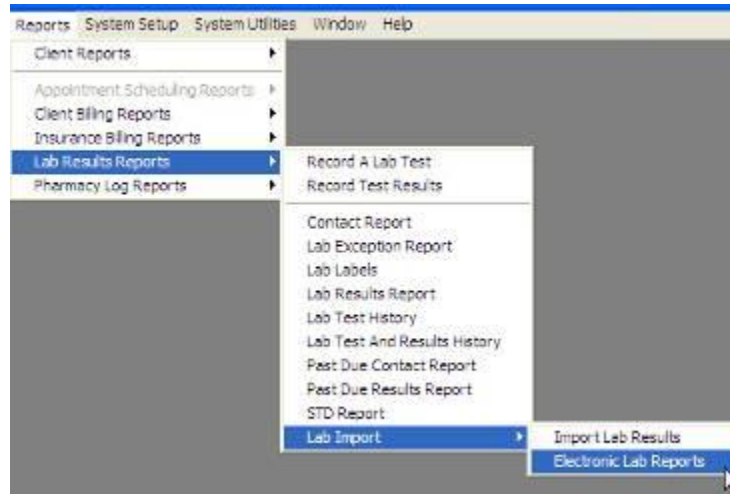
This will open a new window.
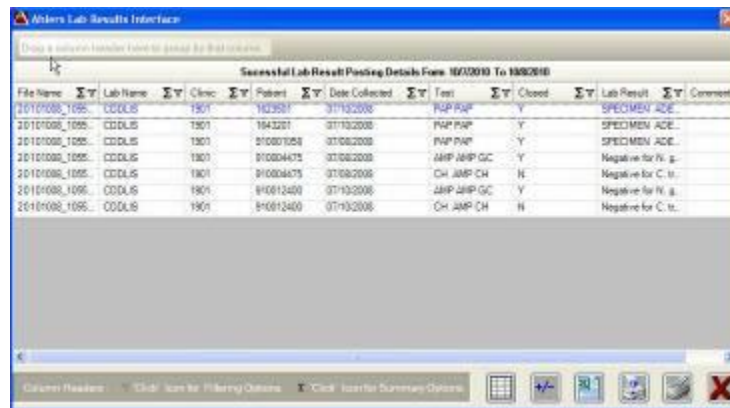
You will be able to select a date range and either **Successful Result Posting** or **Result Posting Error**.

Successful Result Posting option:

Click **OK** to run the report.
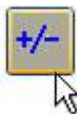
The report will appear on your screen as follows:

You have two new buttons on these windows.
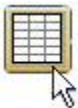
 This button will allow you to expand the row to show the entire content.

 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.

May 2024

- 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:

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

<u>Special Reports</u>

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

Exhibit 2, CVRs Processed Report

Exhibit 3, CVRs Error Listing

```
                              NORTH DAKOTA FAMILY PLANNING DATA SYSTEM                    RUN DATE   9/16/2010
                                       CVRs ERROR LISTING                                 NDM115 PAGE      1
                                          AUGUST, 2010

             *** VISIT DATE ***        *** BIRTH DATE ***                                            CORRECTED
PATIENT NO.    CVR      LAST    TYPE     CVR     MASTER    BATCH  SEQ.   ERROR  ERROR DESCRIPTION      BY AHLERS

   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 ON 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

```
                              NORTH DAKOTA FAMILY PLANNING DATA SYSTEM                    RUN DATE   9/16/2010
        P R O J E C T   T O T A L            SUMMARY OF CVR ERRORS                        NDM120 PAGE      7
                                                AUGUST, 2010

                            CVRS PROCESSED      144
                            CVRS REJECTED         3   2.08

TYPE      ERROR    ERROR MESSAGE                                           NUMBER    %
REJECT    01005    REJECT:  MEDICAL PROVIDERS MISSING ON 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 | | – | | – 2 0 | |

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)
- ☐ 3. Medicaid (Expansion)
- ☐ 2. Private Health Insurance
- ☐ 4. Women's Way
- ☐ 5. Uninsured
- ☐ 7. Other Govt. Ins. (Military, VA)
- ☐ 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
- 02. Sterile Female
- 03. Orals - Combined
- 23. Orals – Progestin Only
- 04. IUD/Unspecified
- 21. IUD w/Progestin
- 22. IUD Copper
- 05. FAM
- 24. LAM
- 06. Implantable Rod
- 07. Condom (male)
- 08. Condom (female)
- 09. Spermicide
- 10. Diaphragm
- 11. Injectables
- 12. Contraceptive Patch
- 13. Vaginal Ring
- 14. Sponge
- 15. Withdrawal
- 17. EC
- 18. Cervical Cap
- 19. None
- 20. Decline to Answer

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

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

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

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

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 DESCRIPTION	FORMAT	JUSTIFY	REC LENGTH	REC POSITION	REC'D	FIELD VALUES
CLINIC NUMBER	NUMERIC	RIGHT Zero Fill	7	001-007	Y	MUST MATCH AHLERS ASSIGNED NUMBER
PATIENT NUMBER	NUMERIC	RIGHT Zero Fill	9	008-016	Y	NINE-DIGIT NUMBER USED TO IDENTIFY THE CLIENT
DATE OF BIRTH CCYYMMDD	NUMERIC	RIGHT	8	017-024	Y	CCYYMMDD
SEX	ALPHANUMERIC	RIGHT	1	025-025	Y	FEMALE = 1 MALE = 2
GENDER IDENTITY	ALPHAMERIC	RIGHT	2	026-027	Y	01,02,03,04,05,06,07, OR 08
ANNUAL INCOME	ALPHAMERIC	RIGHT Zero Fill	6	028-033	Y	REPORT WHOLE DOLLARS, E.G. 500.60=501 BLANK OR ZERO
FAMILY SIZE	ALPHAMERIC	RIGHT Zero Fill	2	034-035	Y	CAN'T HAVE FAMILY SIZE LESS THAN 01
ZIP CODE	ALPHAMERIC	RIGHT Zero Fill	5	036-040	Y	SELF EXPLANATORY
RACE	ALPHAMERIC	LEFT Blank Fill	7	041-047	Y	1,2,3,4,5,6 CHECK ALL THAT APPLY
LIMITED ENGLISH	ALPHAMERIC	RIGHT	1	048-048	Y	1 = YES 2 = NO
HISPANIC ORIGIN	ALPHAMERIC	RIGHT	1	049-049	Y	1 = YES 2 = NO 3=UNKNOWN
TOBACCO STATUS	ALPHAMERIC	RIGHT	1	050-050	Y	1,2,3 OR 4
DATE OF VISIT CCYYMMDD	NUMERIC	RIGHT	8	051-058	Y	CCYYMMDD
SOURCE OF PAYMENT	ALPHAMERIC	RIGHT	1	059-059	Y	1,2,3,4,5,6,7 OR 8
INSURANCE STATUS	ALPHAMERIC	RIGHT	1	060-060	Y	1,2,3,4,5,7 OR 8
PURPOSE OF VISIT	ALPHAMERIC	RIGHT Zero Fill	2	061-062	Y	01,02,03,04,05,06,07,08,09
PRIMARY METH-BEFORE VISIT	ALPHAMERIC	RIGHT Zero Fill	2	063-064	Y	01,02,03,04,05,06,07,08,09,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24
PRIMARY METH-AFTER VISIT	ALPHAMERIC	RIGHT Zero Fill	2	065-066	Y	01,02,03,04,05,06,07,08,09,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24
REASON FOR NONE - AFTER	ALPHAMERIC	RIGHT	1	067-067	N	1,2,3,4,5,6,7 REQ'D ONLY IF AFTER VISIT = 19 NONE
MEDICAL/COUNS PROVIDERS	ALPHAMERIC	LEFT Blank Fill	4	068-071	Y	1,2,3,4,5, OR 6
CLINICAL CODE 1	ALPHAMERIC	RIGHT Zero Fill	4	072-075	Y	CLCD1 REQUIRED IF MEDICAL PROVIDERS HAS 1 for (CLCD1) Value 61-99
CLINICAL CODE 2	ALPHAMERIC	RIGHT Zero Fill	4	076-079	Y	CLCD2 REQUIRED IF MEDICAL PROVIDERS HAS 2 for (CLCD2) Value 01-60
MEDICAL SERVICES	ALPHAMERIC	LEFT Blank Fill	80	080-159	N	01,02,03,04,05,06,07,08,09,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26, 27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54
						RED = FEMALE ONLY SERVICES BLUE = MALE ONLY SERVICES
BLOOD PRESSURE - SYSTOLIC	ALPHAMERIC	RIGHT Zero Fill	3	160-162	N	BLANK or 000-999
BLOOD PRESSURE - DIASTOLIC	ALPHAMERIC	RIGHT Zero Fill	3	163-165	N	BLANK or 000-999
HEIGHT	ALPHAMERIC	RIGHT Zero Fill	2	166-167	N	BLANK or 00-99 (inches)
WEIGHT	ALPHAMERIC	RIGHT Zero Fill	4	168-171	N	BLANK or 0000-9999 (Pounds)
AHLERS USE	ALPHAMERIC	LEFT Blank Fill	4	172-175	N	BLANK
TELEMEDICINE ENCOUNTER	ALPHAMERIC	RIGHT	1	176-176	Y	1 =YES 2 = NO
REASON FOR NONE - BEFORE	ALPHAMERIC	RIGHT	1	177-177	N	1,2,3,4,6 REQ'D ONLY IF BEFORE VISIT = 19 NONE
HOW CONTRACEPTIVE PROVIDED	ALPHAMERIC	RIGHT	1	178-178	N	1,2,3,4 or 5 REQ'D ONLY IF ENDING METHOD IS NOT = 19 OR 20
PREGNANCY STATUS	ALPHAMERIC	RIGHT	1	179-179	Y	1,2, OR 3
PREGNANCY INTENTION	ALPHAMERIC	RIGHT	1	180-180	Y	1,2,3, OR 4
TALK ABOUT CONTR/PREG	ALPHAMERIC	RIGHT Zero Fill	2	181-182	Y	01,02,03,04,05,06 OR 07
SEXUAL ORIENTATION	ALPHAMERIC	LEFT	1	183-183	Y	1,2,3,4,5, OR 6
AHLERS USE	ALPHAMERIC	LEFT	1	184-184	N	BLANK
COUNSELING SERVICES	ALPHAMERIC	LEFT Blank Fill	24	185-208	N	61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91
						RED = FEMALE ONLY COUNSELING SERVICES
REFERRED ELSEWHERE	ALPHAMERIC	LEFT Blank Fill	24	209-232	N	01,02,03,04,05,06,07,08,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26
CLINICAL CODE 3	ALPHAMERIC	RIGHT Zero Fill	4	233-236	Y	CLCD3 REQUIRED IF MEDICAL PROVIDERS HAS 4 for (CLCD3)
CLINICAL CODE 4	ALPHAMERIC	RIGHT Zero Fill	4	237-240	Y	CLCD4 REQUIRED IF MEDICAL PROVIDERS HAS 5 for (CLCD4)
VERSION CODE	NUMERIC	RIGHT	8	241-248	Y	20240501
CHLAMYDIA RESULTS	ALPHAMERIC	LEFT	10	249-258	N	SEE ATTACHMENT A FOR RESULT VALUES
GONORRHEA RESULTS	ALPHAMERIC	LEFT	10	259-268	N	SEE ATTACHMENT A FOR RESULT VALUES
SYPHILIS RESULTS	ALPHAMERIC	LEFT	10	269-278	N	SEE ATTACHMENT A FOR RESULT VALUES
HIV RESULTS	ALPHAMERIC	LEFT	10	279-288	N	SEE ATTACHMENT A FOR RESULT VALUES
HPV RESULTS	ALPHAMERIC	LEFT	10	289-298	N	SEE ATTACHMENT A FOR RESULT VALUES
PAP RESULTS	ALPHAMERIC	LEFT	10	299-308	N	SEE ATTACHMENT A FOR RESULT VALUES

**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)

ERROR MESSAGE MASTER FILE LIST   PAGE   1

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
```

ERROR MESSAGE MASTER FILE LIST   PAGE   2

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
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