



WISEWOMAN™

# MED-IT Direct Entry

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## How to Enter: WW Risk Assessment & Clinical Data Form

(1) Search for Patient in Med-IT

Option 1: Enter patient's PA Code and press "Search" icon or "Enter" on keyboard.

Option 2: Search using patient's Med-IT ID.

The screenshot shows the 'Search Clients' interface. On the left, there is a 'Switch Client' section with an 'ID' input field. Below it are 'Quick Links' including '[Reload Screen]', 'Search Client', and 'FPL Calculator'. The main 'Search Clients' area has a checked checkbox for 'Search By ID(s)/Numbers'. Fields for 'SSN:', 'Med-IT ID: 131622', 'Legacy ID:', 'Additional Code:', 'Account #:', 'Medicaid #:', and 'PA Code: 310013962' are visible. A 'Search' button is highlighted at the bottom.

(2) Go to "WW Data" tab at the top and select "WW Office Visit"

The screenshot shows the navigation menu with 'BCC Data', 'WW Data', and 'Billing' tabs. The 'WW Data' dropdown menu is open, showing options: 'WW Cycle Initiation', 'WW Office Visit', 'LSP/HC', 'Cycle Notes - WW', and 'MDE Notes - WW'. 'WW Office Visit' is highlighted.

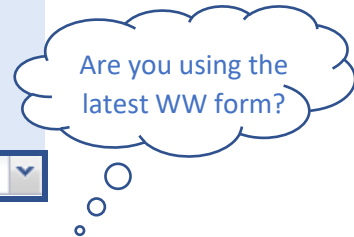
(3) Select Office Visit with relevant Date of Service.

List of Office Visits for Cycle # 1									
Visit Type	Date of Service	Provider	BMI	Avg. BP	TC	BG	A1c	Alerts	
Screening	11/02/2017	Little River Medical Center/Loris-VW	36	121/78	235		11.5		

(4) In Health Assessment tab, select “Screening” for Visit Type if this is their Baseline visit. Also, enter Date of Service. Select your clinic’s name ending in “WW” in the Provider dropdown list.

The screenshot shows the 'Health Assessment' tab with sub-tabs for 'Measurements', 'Blood Work', and 'Risk Reduction'. Below this is the 'WW Office Visit (Cycle # 1)' section. Underneath, the 'Office Visit' section contains the following fields:
 

- \* Visit Type: Screening (dropdown menu)
- \* Date of Service: 01/12/2022 (calendar icon)
- Date Received: (calendar icon)
- \* Provider: Your Clinic's Name - WW (dropdown menu)



(5) Enter patient responses in appropriate Screening Question fields. Questions on the Assessment form are ordered according to the Med-IT fields.

The 'Screening Questions' section contains three questions:
 

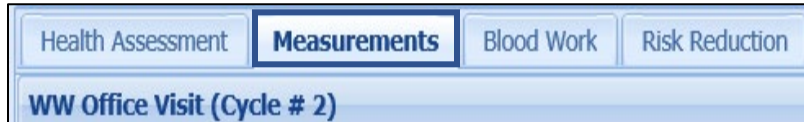
1. Do you have hypertension (high blood pressure)?  
No
2. Was medication prescribed to lower your blood pressure?  
Not Applicable
3. Do you measure your blood pressure at home or using other calibrated sources?  
Not Applicable

(6) Med-IT doesn’t automatically save progress. Be sure to press “Save” or “Update”.

Quick Tips	
	Before entering data, ensure all questions are answered. Unanswered questions will produce an error. If unable to get patient’s response right-away, obtain response during next touchpoint.
	If patient responds “No” to having a chronic condition or are uncertain, use clinical measurements/blood work to determine if they do.
	If patient’s BP is regulated by medication, then mark they have HBP.
	If patient responds “No” to having hypertension (question 1), the related questions that follow will be “Not Applicable” (questions 2-6). Same applies to Cholesterol (questions 7-10) and Diabetes (questions 11-13).
	Record only 1 response for questions with two fields. (Example below)
✓	<p>21. How many cups of fruits and vegetables do you eat in an average day?</p> <p>Select one [dropdown] 3 [input] Cups</p>
✗	<p>21. How many cups of fruits and vegetables do you eat in an average day?</p> <p>0 [input] x [dropdown] 3 [input] Cups</p>

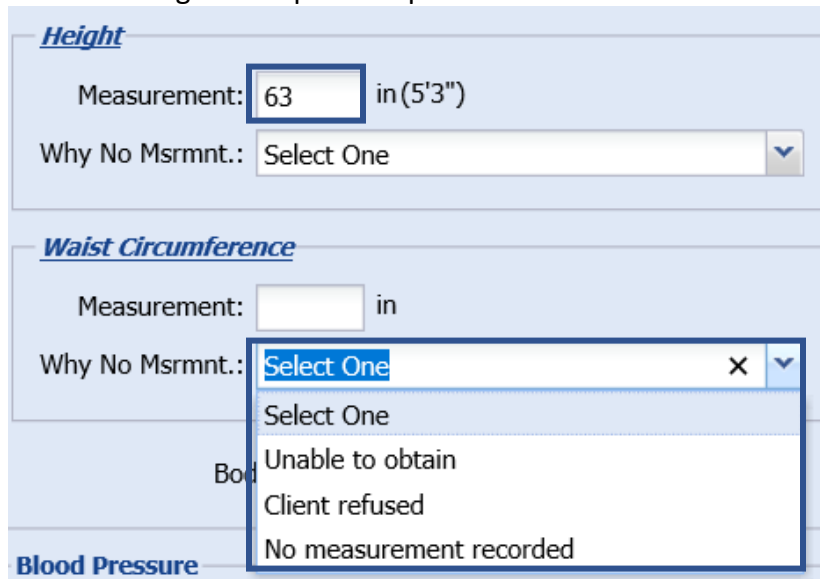
## How to Enter: Clinical Measurements

- (1) Select the Measurements tab near the top of the page.



The screenshot shows a navigation bar with four tabs: 'Health Assessment', 'Measurements', 'Blood Work', and 'Risk Reduction'. The 'Measurements' tab is highlighted with a blue border. Below the tabs, the text 'WW Office Visit (Cycle # 2)' is displayed.

- (2) Enter patient information in related fields. If measurements were not recorded, indicate why in the "Why Not Msrmt" field using the dropdown options available.



The screenshot shows two input sections. The first is for 'Height', with a 'Measurement:' field containing '63' and 'in (5'3")', and a 'Why No Msrmt.:' dropdown menu set to 'Select One'. The second is for 'Waist Circumference', with a 'Measurement:' field and a 'Why No Msrmt.:' dropdown menu. The dropdown menu is open, showing options: 'Select One', 'Unable to obtain', 'Client refused', and 'No measurement recorded'. The 'Blood Pressure' section is partially visible at the bottom.

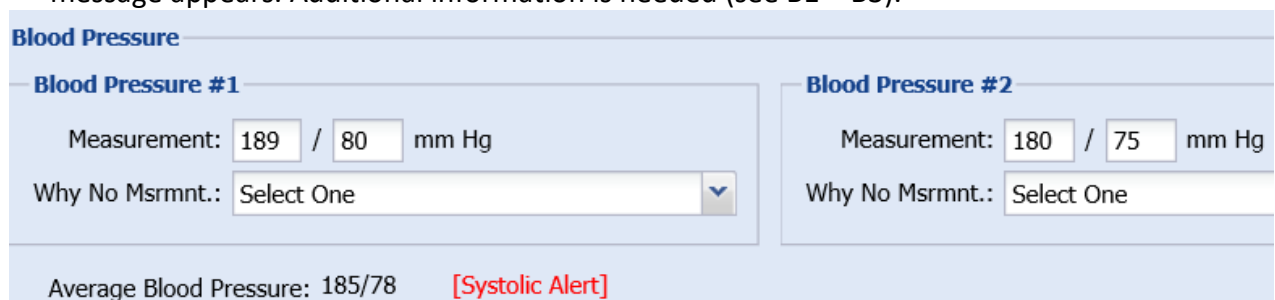
- (3) Take notice if a message appears beside the Average Blood Pressure reading.

- A. If patient's average BP is elevated, a blue BP Borderline message appears.



The screenshot shows the 'Blood Pressure' section with two input fields: 'Blood Pressure #1' (Measurement: 119 / 79 mm Hg) and 'Blood Pressure #2' (Measurement: 125 / 80 mm Hg). Below the inputs, the 'Average Blood Pressure' is displayed as '122/80' with a blue '[Systolic Borderline]' message next to it. A blue '[Diastolic Borderline]' message is also visible on the right side.


- B. If patient's average systolic value exceeds 180 or diastolic value exceeds 120, a red BP Alert message appears. Additional information is needed (see B1 – B3).



The screenshot shows the 'Blood Pressure' section with two input fields: 'Blood Pressure #1' (Measurement: 189 / 80 mm Hg) and 'Blood Pressure #2' (Measurement: 180 / 75 mm Hg). Below the inputs, the 'Average Blood Pressure' is displayed as '185/78' with a red '[Systolic Alert]' message next to it.

B1. If a Systolic or Diastolic Alert appears, patient needs a BP Follow-up. In the Blood Pressure Alert section, record the BP Alert “Status”. The table below indicates which status to use.

**Blood Pressure Alert**

 Follow-up required if Average SBP is greater than 180 or Average DBP is greater than 120

Status:

BP Alert Status	When to Use
Medically necessary	Patient accepted BP Follow-up
Not medically needed	Average SBP is less than 180 & DBP is less than 120
Medically necessary follow-up appointment declined	Patient had a BP Alert but didn't attend Follow-up
Client refused workup	Patient had a BP Alert but refused workup
No answer recorded	If no answer recorded

B2. Add the “Date of Follow-up” beneath the status. If patient declines, put the date the patient declined.

Date of Follow-up:

B3. The “Blood pressure followups (for women on medication)” section is optional for recording additional BP measurements during followup.

**Blood pressure followups (for women on medication)**

Date of Follow-up:  Measurement:  /  mm Hg

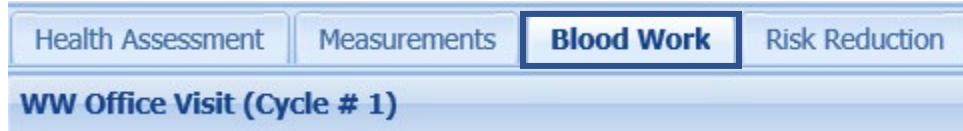
Date of Follow-up:  Measurement:  /  mm Hg

Date of Follow-up:  Measurement:  /  mm Hg

(4) Remember to press Save or Update.

## How to Enter: Blood Work

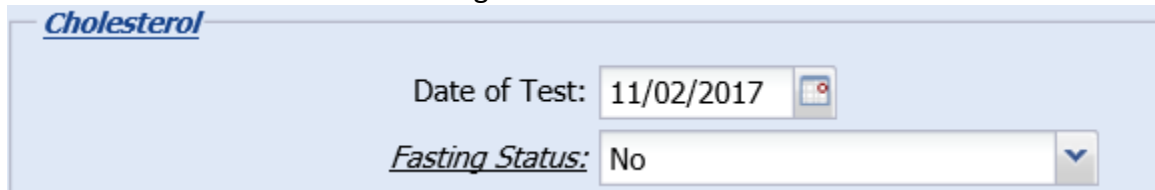
- (1) Select the Blood Work tab near the top of the page.



Health Assessment | Measurements | **Blood Work** | Risk Reduction

WW Office Visit (Cycle # 1)

- (2) Enter the “Date of Test” and “Fasting Status” for each bloodwork measurement.

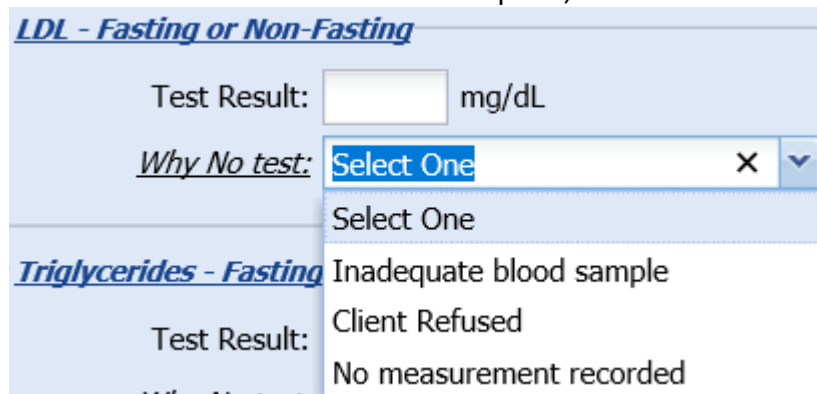


Cholesterol

Date of Test: 11/02/2017

Fasting Status: No

- (3) Fill in each “Test Result” measurement. If test wasn’t complete, indicate so in the “Why No test” space.



LDL - Fasting or Non-Fasting

Test Result:  mg/dL

Why No test: Select One

Select One

Triglycerides - Fasting

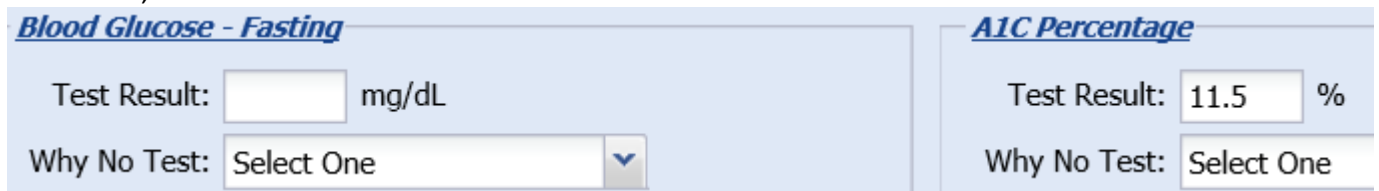
Test Result:

Why No test: Inadequate blood sample

Client Refused

No measurement recorded

- (4) For the Blood Glucose section, record either the Blood Glucose (fasting value) or A1C. Only one is needed, but both can be recorded.



Blood Glucose - Fasting

Test Result:  mg/dL

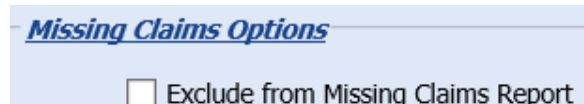
Why No Test: Select One

A1C Percentage

Test Result: 11.5 %

Why No Test: Select One

- (5) Ignore the Missing Claims Options section.



Missing Claims Options

Exclude from Missing Claims Report

- (6) Press Save or Update.

## How to Enter: Risk Reduction Counseling & HBSS Referral(s)

(1) Select the Risk Reduction tab near the top of the page.

(2) Enter the Risk Reduction “Counseling Completion Date”. If not complete, indicate why in the dropdown field that follows (options tabled below).

Why Not Complete	When to Use
Participant refused further program contact	Participant declined offer.
Participant lost to follow-up	Provider made three attempts to follow-up, but participant lost to follow-up.

(3) Record HBSS/HC referral.

### If Patient Refused Referral

If patient refused referral, then change the “Refused Referral to LSP/HC” to “Yes” and indicate why they refused in the field that generates.

### If Patient Accepted Referral

If patient accepts referral, keep the “Refused Referral to LSP/HC” response as No, and add the referral date in the space below.

Record the HBSS/HC program(s) referred in the “Community Resource Referrals” section. Add the Referral Date and select the Referral Outcome, as well as the Outcome Date.



(4) The “Refused Referral to Tobacco Cessation” section is for patients who identify as a “Current Smoker” (Question 27). These patients must be offered a Tobacco Cessation program.

**If Patient Refuses Referral**

If patient refuses referral, answer “Yes” in the “Refused Referral to Tobacco Cessation” field and indicate why they refused in the field that generates.

*Refused Referral to Tobacco Cessation:* Yes    
 Why Refused: Select One

**If Patient Accepts Referral**

If patient accepts referral, keep the “Refused Referral to Tobacco Cessation” response as No. Record the referred resource in the “Tobacco Cessation Resource” field, and record the “Referral Date” and “Tobacco Cessation Activity Status”.

*Refused Referral to Tobacco Cessation:* No

**Tobacco Referrals**

<i>Tobacco Cessation Resource</i>	<i>Referral Date</i>	<i>Tobacco Cessation Activity Status</i>
Select One <input type="button" value="v"/>		<input type="button" value="v"/> Select One
Select One <input type="button" value="v"/>		<input type="button" value="v"/> Select One
Select One <input type="button" value="v"/>		<input type="button" value="v"/> Select One

(5) Press Save or Update.

## How to Enter: Claims for Assessment Services

- (1) In the Health Assessment tab, scroll down to the Quick Claims Entry section.
- (2) Select CPT Code from dropdown list.
- (3) In Payment Type field, select Global amount.
- (4) Select Add
- (5) Repeat steps 2-4 to add additional claims.
- (6) To save claims, remember to select "Update".



**Quick Claim Entry**

**Add Bill Items**

Account #:

CPT Code:

Type of Service:  Payment Type:  Billed \$:  Other \$:

**List of Bill Items**

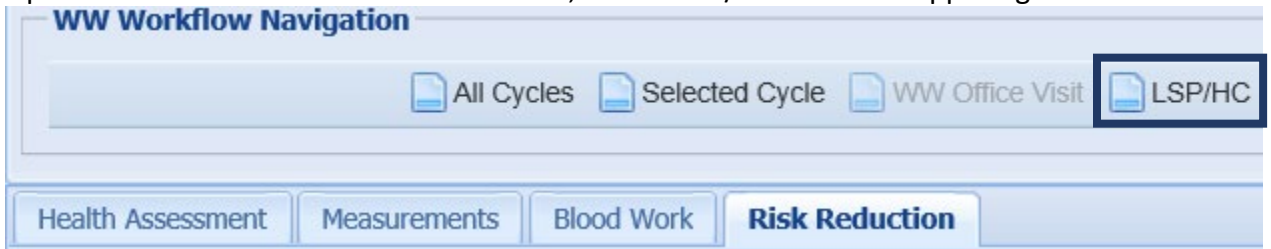
**?** You can double-click on a Bill Item below to go to the Claim.

Account #	CPT Code	Billed	Payment Type	Status	Date Paid
	9942A	5.00	GO	Complete	10/22/2021

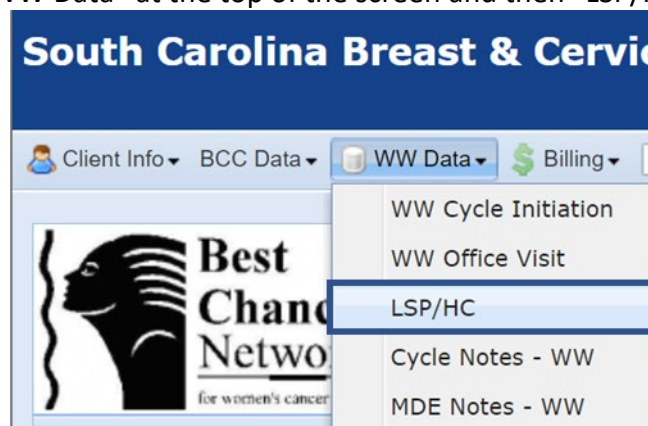
## How to Enter: HBSS Clinical Form

(1) Access the LSP/HC screen by:

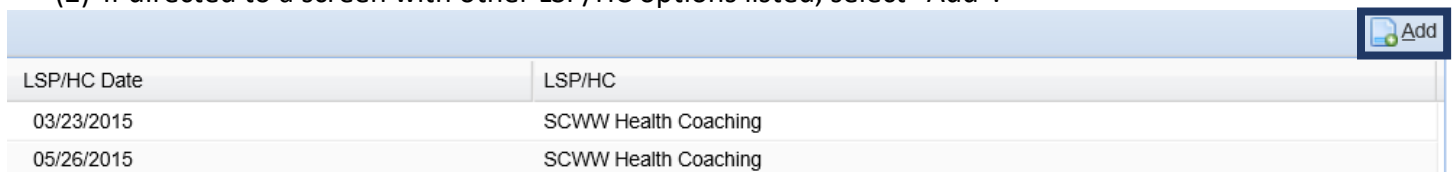
Option A: From the WW Office Visit section, select “LSP/HC” near the upper right corner.



Option B: Select “WW Data” at the top of the screen and then “LSP/HC”



(2) If directed to a screen with other LSP/HC options listed, select “Add”.



The screenshot shows a table with two columns: 'LSP/HC Date' and 'LSP/HC'. There are two rows of data. An 'Add' button is highlighted in the top right corner of the table.

LSP/HC Date	LSP/HC
03/23/2015	SCWW Health Coaching
05/26/2015	SCWW Health Coaching

(3) Enter session date in “LSP/HC Date” field. Add the type of LSP/HC session that occurred from the “LSP/HC ID” dropdown list.

Provider: Your Clinic Name - WW

Provider Completed By: Select one

\* LSP/HC Date: 01/31/2022

LSP/HC Received Date:

\* LSP/HC ID:

Session Number: Select One

Session Time: Health Coaching

Session Type: Y-USA BPSM

Health Coaching - Group Teleh...

(4) To further describe the session, add the below details.

- Session Number (was this their 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> session?)
- Session Time (how long was the session?)
- Session Type (how did you meet?)
- Session Setting (was it an individual or group session?)

Session Number: 1

Session Time: 30 minutes

Session Type: Face-to-Face

Session Setting: Individual

(5) Indicate patient's status towards "Program Completion".

\* Program Completion: No - Lifestyle Program/Health Coaching is still in progress

Program Completion Options	When to Use
Yes – Lifestyle Program/Health Coaching is Complete	Refer to latest WW HBSS table. WW has a set number of sessions required for each HBSS program before the patient is considered complete. Once reached, additional HBSS sessions do not need to be recorded.
No- Lifestyle Program/Health Coaching is still in progress	When patient has additional sessions needed before considered complete.
No – Withdrawal/Discontinued	When patient chooses to quit program.
No answer recorded	If unsure of patient's status

(6) If patient withdrawals, indicate why in "Reason for Withdrawal".

Reason for Withdrawal:

(7) Record patient's screening session weight and average BP if Health Coaching (HC) occurred on the same day. If not, record patient's weight and BP from independent HC session if collected.

Weight

Measurement:  Pounds

Blood Pressure

Measurement:  /  mm Hg

(8) Activity Outcome is not needed currently.

Activity Outcome

PN Activity:

PN Outcome:

(9) Document HC notes in "Notes" section. Let us know if you want "Note Templates" created if your notes repeat for many patients.

Notes

Note Templates:

Notes:  **B** *I* U | **A** **ab** |

Patient is informed of her lab values and how they compare to other in "goal" category and how diet, exercise, and stress management determine a SMART goal to work on over the course of the program sugary beverages. Patient plans to exercise.

(10) Use Steps 1-8 for recording later HBSS sessions.

(11) Select Update or Save.

## How to Enter: Claims for Health Coaching Services

- (1) Access the Quick Claims Entry section at the bottom of the LSP/HC screen.
- (2) Select CPT Code from dropdown list.
- (3) In Payment Type field, select Global amount.
- (4) Select Add
- (5) Repeat steps 2-4 to add additional claims.
- (6) To save claims, remember to select "Update".



**Quick Claim Entry**

**Add Bill Items**

Account #:

CPT Code: 9942L - WW Online Submission of HC data

Type of Service: WiseWoman

Payment Type: Global \$5.00 X

Billed \$: 5.00

Other \$:

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**List of Bill Items**

*You can double-click on a Bill Item below to go to the Claim.*

Account #	CPT Code	Billed	Payment Type	Status	Date Paid
	9942P	5.00	GO	Complete	01/28/2022

## How to: Review Errors

The WW Data Manager will submit data errors to you regularly, but you can be proactive in resolving them while entering the data.

- (1) When a patient is entered, notice the "Alert!" box on the right-side of the screen.



- (3) Hover over the code to view the error message.

**1 Alert! (WW MDE 18.1)**

Code	Cyc #	Visit	Type
07G...	1	1	Q

**Similar to MDE Error Code 07G\_1:**  
Q:Amount of alcohol consumption is missing

**Recommendation:**  
Answer the Health Assessment question regarding amount of alcohol consumption

- (4) Follow the "Recommendation" to resolve the error. Ask the WW Data Manager for assistance on interpreting the message if needed.
- (5) When all errors are resolved, "0 Alert!" and "Code: N/A" will be shown.

**0 Alert! (WW MDE 18.1)**

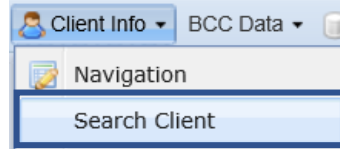
Code	Cyc #	Visit	Type
N/A			

## How to: Switch Between Patients

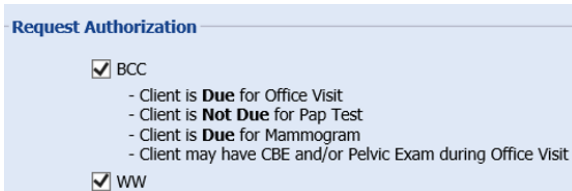
Option 1: Select “Clear” on the left-hand side.



Option 2: Select “Client Info” at the top left and then “Search Client”.



**\*\*\*Remember to Select WW when Requesting a PA Code\*\*\***



## Other Helpful Resources

To access & download helpful resources (Select: Reports/Utilities > Admin > Blank Forms). Resources include:

- WW Fee Schedules
- How To Request a PA Code
- And much more...