DHS

Illinois Department
of Human Services

Unified Health Systems
FOID Providers
User Manual
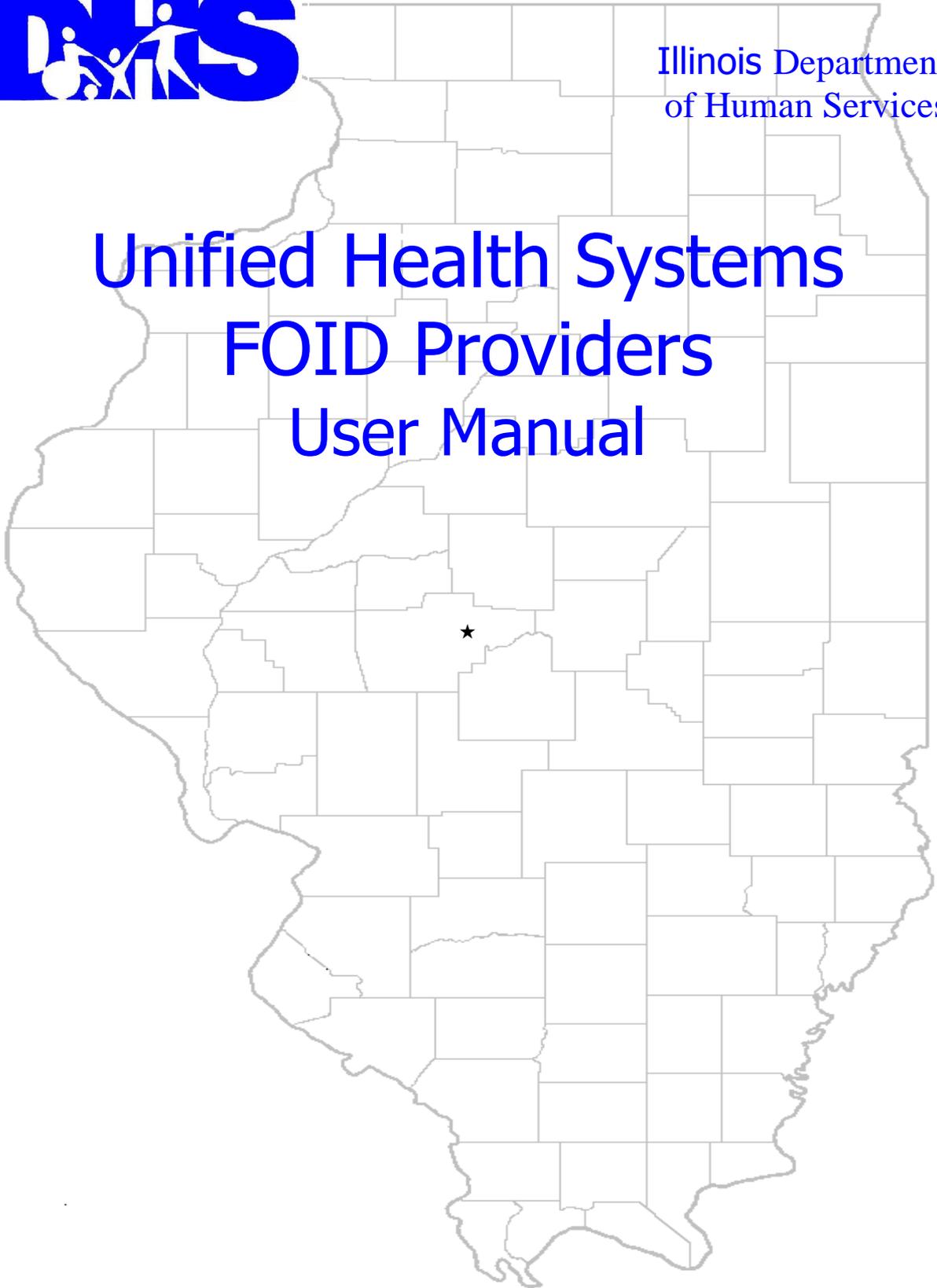
UNIFIED HEALTH SYSTEMS	
FOID PROVIDER USER MANUAL	

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INTRODUCTION

FOID data is reported to the Department of Human Services via the Unified Health Systems FOID Reporting System either thru direct input of each event or by the submission of a batch file containing multiple events (refer to Section 2.4, Submit Event File). Requirements for the batch files can be found in Section 3, Batch Submission Requirements.

The Unified Health Systems FOID application may be accessed by entering the URL www.foid.dhs.illinois.gov in the address line of your browser.

This is the first page that the user will see once they have accessed the Unified Health Systems FOID application.

1. A Registered user should type in his/her Unified Health Systems User ID.

2. After entry of a valid User ID, the Unified Health Systems prompts the user for a "Password". The user should type in his/her unique password. When the password is entered, it will not be visible.

   - The user must not login to the Unified Health Systems again, unless the user has followed the logout procedures. The user should only have one active session of Unified Health Systems running at a time.

3. The user must select "***Login***". The Unified Health Systems FOID Home Page will be displayed.

NOTE: All users must be registered and have a valid User ID to access the system. Clinicians may register by selecting ***Clinician Registration*** from this page.

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The **Home Page** is displayed after logging into the Unified Health Systems.
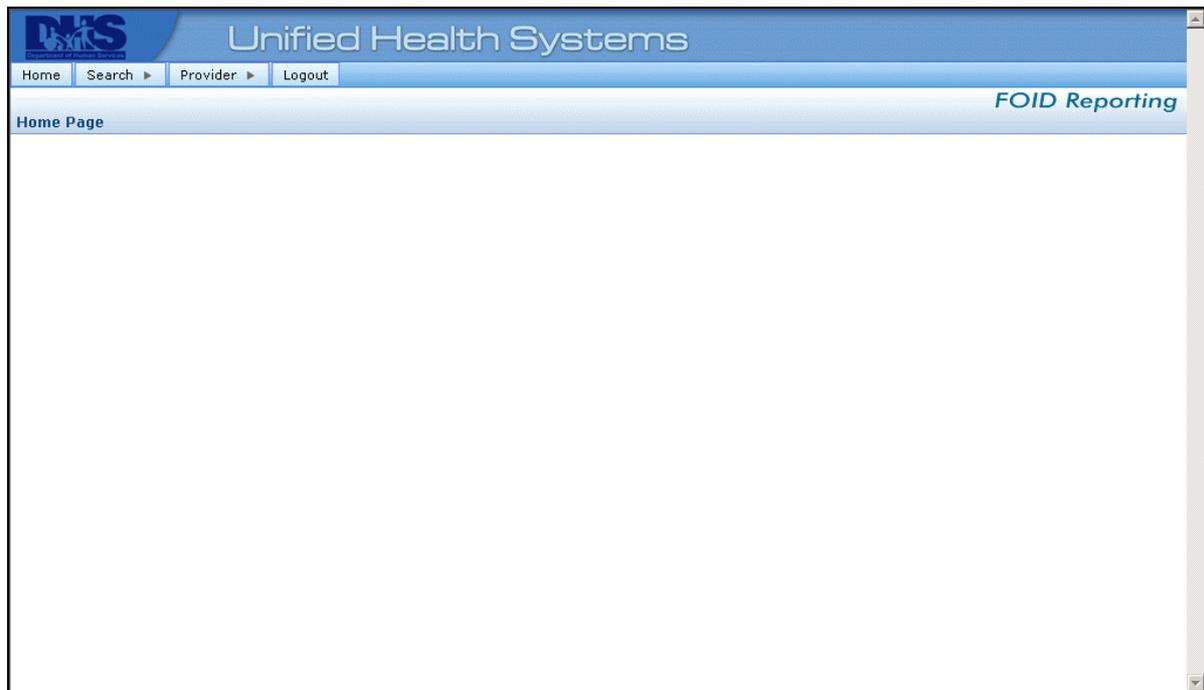
This manual was written to encompass information for two types of users, **Primary Contact** for a provider as well as an **Authorized User** for the provider. Unless otherwise specified the information in this manual will pertain to both types of users.

The Menu Bar contains buttons for *Home, Search, Provider and Logout*. The *Home* button will return the User to the above page from any point in the system. The *Search* button is a drop down containing an *Event Search* option. The *Provider* button will access a drop down list with *Update User Info, Update Provider Info, Add Event* and *Submit Event file*. (The "Primary Contact" for the provider will have access to all of these. An "Authorized User" for the Provider will not have access to *Update Provider Info.*) *Logout* will log the user out of the system.

SECTION 1 – SEARCH

1.1   Event Search

The **Search Events** page is displayed after selecting **Search** from the **Home Page** and then selecting **Event Search** from the drop down list. A search is to be implemented to view information for a specific event.   A search may be conducted by entering any field or combination of fields to limit the search results. When a search is to be implemented on *Last Name/First Name* a *"Search Type"* may be selected for *Exact Match*, *Begins With* or *Sounds Like*.

After search criteria has been entered click on **Search** to locate an event.

1.1 **Event Search** - continued

When it has been determined that the event does not exist in the system the **Search Events** page will be displayed with the message *"No matches were found for your search"*. A new search may be conducted by entering different criteria and clicking on **Search** to search for another event.

1.1   **Event Search** – continued

When a search criterion was entered and a match found the above page will be displayed with a list of the Events(s) matching the criteria. The *Last Name* is a hyperlink which can be clicked on to view the specific individual event information on the **Event Information** page.

1.2 Event Information

This page is displayed after an **Event Search** has been conducted and an individual event was selected from the list.   Update the event information and click on **_Save_** to save the changes to this record.

If the event is to be deleted a "_Reason for deleting this record_" comment must be entered.   After the comment has been entered, click on **_Delete_** to remove the event information.

SECTION 2 – PROVIDER

2.1 Update User Info

The **Update Authorized User** page is displayed after selecting **Provider** from the **Home Page** and then selecting **Update User Info** from the drop down list. The only fields which can be updated are *Phone Number* and *Email Address*. Update the appropriate information and click on **Save** to save the updated information or **Cancel**.

2.2   Update Provider Info

The **Update Provider Information** page is displayed after selecting **Provider** from the **Home Page** and then selecting **Update Provider Info** from the drop down list.   Make any necessary changes to the Provider information and click on **Save** to update the record.

NOTE: This page is available for <u>only</u> the "Primary Contact" user type.

2.3   Add Event

The **Event Information** page is displayed after selecting **Provider** from the **Home Page** and then selecting **Add Event** from the drop down list.

Fields marked with an asterisk (*****) are required fields but it is recommended to fill in all information that is available. The *Date of Birth* or *Even Date* may be entered or selected by clicking on the calendar and selecting the appropriate date. Select the appropriate *State, Gender* and *Race* from the drop down lists and enter all other required information.

Select **Save** to add the event information. After the information has been added, the system will return to a blank **Event Information** page to allow entry of another event.
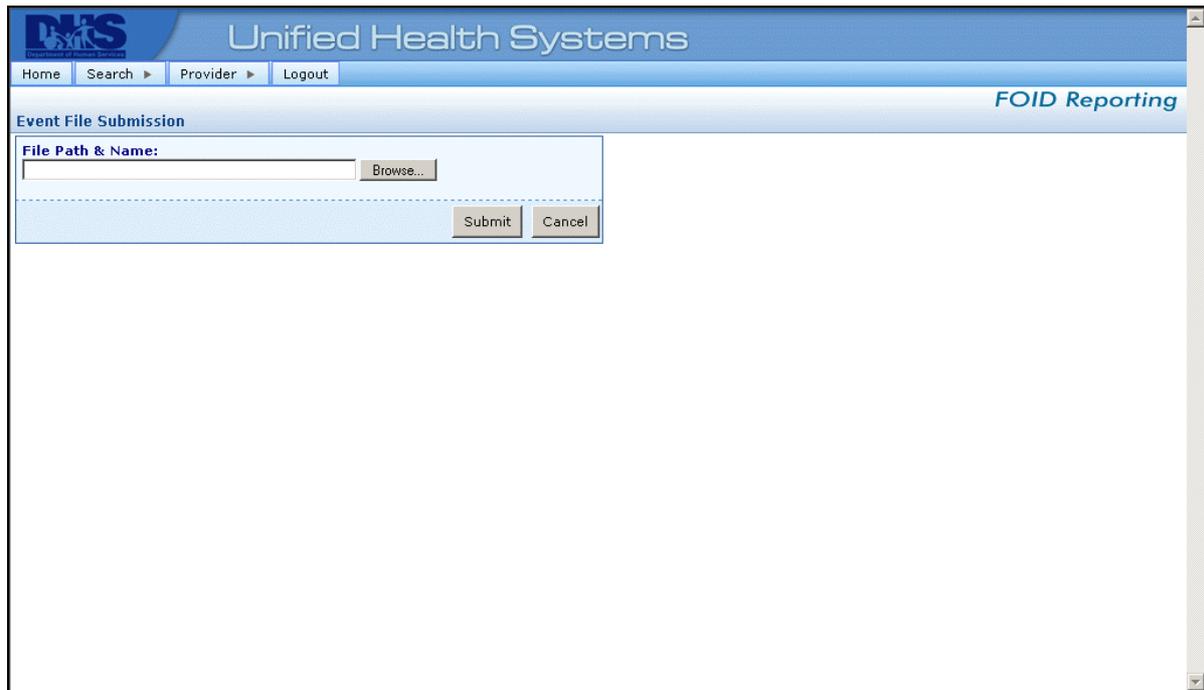
2.4   Submit Event File

The **Event File Submission** page is displayed after selecting **Provider** from the **Home Page** and then selecting **Submit Event File** from the drop down list. This page is used for the submission of a batch file containing multiple events.   Enter a *File Path & Name* or select **Browse** to search for the file to be submitted. Select **Submit** to transmit the information to Unified Health Systems.

Batch Submission requirements are located in Section 3 of this manual.

SECTION 3 – BATCH SUBMISSION REQUIREMENTS

3.1   File Requirements

The batch submittal files are to be created as ASCII DOS Text Files consisting of data records of 200 bytes delimited by CR/LF (ODOA in hex format), i.e.; 200 characters of data followed by a carriage return character and a line feed character. The file name is to be 'FOID.DAT'.

There are three types of records to be submitted:

1. The Hospital (H) record identifies the reporting hospital, the contact person, and the number of patient records.

2. The Patient (P) record describes the patients seen at the hospital during that cycle.

3. The Trailer (T) record provides file audit counts and as the last record, is followed by the end-of-file character (1A in hex format).

The general format of the files submitted to DHS should be:

A Hospital (H) record is to be followed by the corresponding Patient (P) records (one per patient).
A Trailer (T) record provides file audit counts and is included at the end of each file.

**All fields are required, unless otherwise noted.

3.2   Hospital Record Layout

Field Name	Length	Position	Format	Description
Record Identifier	1	1	alphanumeric	Value 'H'. Signifies that hospital data is in this record.
Hospital Medicaid ID #	12	2-13	alphanumeric	A 12 digit number comprised of the hospital FEIN plus a 3 digit Medicaid identifier.
Filler	26	14-39	alphanumeric	Blank – DHS use only.
Hospital Name	30	40-69	alphanumeric	Name of the hospital.
Hospital Address	25	70-94	alphanumeric	Address of the hospital.
Hospital City	15	95-109	alphanumeric	City of the location of the hospital.
Hospital State	2	110-111	alphanumeric	Two character abbreviation of state of the location of the hospital.
Hospital Zip Code	9	112-120	alphanumeric	Left justified 5 or 9 digit zip code.
Preparer Contact Person	25	121-145	alphanumeric	Name of the appropriate person at the hospital that may be contracted in case of problems.
Preparer Phone Number	10	146-155	numeric	Area code and telephone number of the hospital contact person.
Number of Patient Records	4	156-159	numeric	The number of patient records ('P' records) following this hospital record in the file.
Filler	41	160-200	alphanumeric	Blank – DHS use only.

3.3   Patient Record Layout

Field Name	Length	Position	Format	Description
Record Identifier	1	1	alphanumeric	Value 'P'. Signifies that patient data is in this record.
Hospital Medicaid ID #	12	2-13	alphanumeric	Hospital number used in reporting Medicaid information. Must be the same as the preceding hospital record.
Filler	4	14-17	alphanumeric	Blank – DHS use only.
Patient Last Name	12	18-29	alphanumeric	Left justified last name of patient.
Patient First Name	9	30-38	alphanumeric	Left justified first name of patient followed by middle initial, if applicable.
Sex	1	39-39	alphanumeric	'F' - Female 'M' - Male
Date of Birth	8	40-47	alphanumeric	Birth date of patient. Format - YYYYMMDD
Patient Address	25	48-72	alphanumeric	Address of the patient.
Patient City	15	73-87	alphanumeric	City of the residence of the patient.
Patient State	2	88-89	alphanumeric	Two character abbreviation of state of the residence of the patient.
Patient Zip code	9	90-98	alphanumeric	Let justified 5 or 9 digit zip code.
Date Admitted	8	99-106	alphanumeric	Date patient was admitted. Format - YYYYMMDD Note: Always include this field to identify the patient for all transaction codes.
Date Discharged	8	107-114	alphanumeric	Date patient was discharged. Format - YYYYMMDD Valid only for transaction codes 02, 03, 04 and 05.

3.3   **Patient Record Layout** - continued

Field Name	Length	Position	Format	Description
Transaction Code	2	115-116	numeric	01 – New admission but not yet discharged. 02 – Discharge to previously submitted admission. 03 – Admission/Discharge in same record. 04 – Previously entered in error – remove from file. 05 – Change to a previously submitted record. NOTE: For transaction codes 02, 04 and 05 a matching record with the same Hospital Medicaid ID, Patient Name, Birth Date, Sex and Admit Date must have been previously submitted to DHS.
Hospital Patient ID	12	117-128	alphanumeric (optional)	Left justify and space fill. Optional for purposes of identifying this patient in your system in case of questions from DHS or State Police.
Social Security Number	9	129-137	numeric	This field is required to further identify the patient. If for some reason the SSN is not available, use all nines.

3.3   **Patient Record Layout** – continued

Field Name	Length	Position	Format	Description
Filler	1	138	alphanumeric	Blank – DHS use only.
Race	1	139	numeric	1 – White, not of Hispanic origin. A person having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent. 2 – Black, not of Hispanic origin. A person having origins in any of the black racial groups. 3 – Hispanic, a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. 4 - American Indian, a person having origins in any of the original peoples of America, including Alaska. 5 - Asian, a person having origins in any of the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. 6 – Other, these racial/ethnic categories are those required by the Office of Civil Rights. Although the categories are intended to be mutually exclusive, a client may be included in the group to which he/she appears to belong, identifies with, or is regarded in the community as belonging.
Filler	61	140-200	alphanumeric	Blank – DHS use only.

3.4   Trailer Record Layout

Field Name	Length	Position	Format	Description
Record Identifier	1	1	alphanumeric	Value 'T'. Signifies that this record is the last data record on file.
Hospital Medicaid ID #	12	2-13	alphanumeric	Hospital number used in reporting Medicaid information. Must be the same as the preceding Hospital and Patient Records.
Filler	4	14-17	alphanumeric	Blank – DHS use only.
Preparer Last Name	12	18-29	alphanumeric	Left justified last name of preparer.
Preparer First Name	9	30-38	alphanumeric	Left justified first name of preparer.
Preparer Phone Number	10	39-48	alphanumeric	Telephone number of preparer. Area code followed by 7 digit phone number. NOTE: Preparer information should match the 'Preparer Contact' person information.
Date Prepared	8	49-56	alphanumeric	Date data was prepared to send. Format – YYYYMMDD
Filler	3	57-59	alphanumeric	Blank – DHS use only.
Number of Patient Records	4	60-63	numeric	The number of patient records ('P' records) contained in this file. (Agrees with the count of patients in the 'H' record.)
Filler	137	64-200	alphanumeric	Blank – DHS use only.