



**Oregon MothersCare**  
supporting healthy pregnancies

Oregon MothersCare  
800 NE Oregon St #825  
Portland OR 97232  
971-673-0352  
FAX: 971-673-0240



**Oregon MothersCare**

supporting healthy pregnancies

# OMC WTI Manual

Oregon  
**Health**  
Authority



**This OMC Technical Manual is written for operating Oregon MothersCare WTI (Web-based Tracking Interface) system, referred to as “Witty”. It provides details about the WTI screens, and how to conduct certain functions. WTI is web-based; as data is entered, it becomes immediately accessible to the State OMC Office. Security measures are in place to protect the confidentiality and privacy of our OMC clients.**

**Please review this manual prior to operating WTI, and keep it accessible as you learn the system. All OMC staff should keep a copy of this manual near their computers for use in entering data. In addition, a detailed description of all data and information fields is provided at the end of this document. Use this as a guide for any questions about the meaning of a certain field.**

*For questions about this document, or the WTI system, contact the Oregon MothersCare State Office at: 971-673-0352*



## How to Access OMC Online

To access the Oregon MothersCare Web-based Tracking Interface (OMC WTI) database you must have an account login and password. After watching the OMC training video, you'll be asked to take a short survey. When you complete the survey and return the signed OMC Confidentiality Statement by email/fax or mail, you'll receive your "Account Name" & "Password" by secure email. If you need a password reset, please call OMC at 971-673-0352.

- To login, open your internet browser (Internet Explorer is preferred) and enter the following URL into the web address field;


[https://epi-public.oha.state.or.us/fmi/iwp/res/iwp\\_home.html](https://epi-public.oha.state.or.us/fmi/iwp/res/iwp_home.html)

- A list of databases will appear. Click on "**Oregon MothersCare**"





- Enter your "**Account Name**" and "**Password**", then click "**Login**"



- After you login, the Oregon MothersCare **“Home”** menu screen will appear. You can return to the **“Home”** menu from any screen by clicking on the  **“Home”** icon.

## Home screen




Oregon MothersCare	
 HOME	800 NE Oregon St Ste 825 Portland OR 97232 Phone: 971-673-2306 / Fax: 971-673-0240
<input type="text"/>	<input type="button" value="Search"/> <input type="button" value="Exit Database"/>


Client List <span>+Add New Record</span>	
County/site name	User Name
<input type="checkbox"/> TESTING	Ann Doe

- The **“Home”** menu allows you to perform the following functions within the system:
- View the Staff List
  - View the Client List
  - Search for a Client
  - Add a New Record
  - Exit the database

## Staff List

- To view the Staff List, click on **“Staff List”** on the left side and it will take you to the Staff List screen.


Oregon MothersCare	
 HOME	800 NE Oregon St Ste 825 Portland OR 97232 Phone: 971-673-2306 / Fax: 971-673-0240
<input type="text"/>	<input type="button" value="Search"/> <input type="button" value="Exit Database"/>



Client List <span>+Add New Record</span>	
County/site name	User Name
<input type="checkbox"/> TESTING	Ann Doe

- This gives you a list of all the authorized OMC users at your site.

## Staff List screen

Oregon MothersCare	
 HOME	800 NE Oregon St Ste 825 Portland OR 97232 Phone: 971-673-2306 / Fax: 971-673-0240
User Name: ann doe <input type="button" value="Exit Database"/>	

Staff List				
Last Name	First Name	Phone	Email	Roles
Doe	Ann			



## Client List

- To view the “**Client List**”, click on the **small box** next to your site’s name.

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HOME

Search Exit Database

**Client List** [+Add New Record](#)

County/site name	User Name
<input type="checkbox"/> TESTING	Ann Doe

- It will take you to the “**Client List**” (below). If you want to modify an existing client’s record, click on the **small box** next to the Record ID. It will take you to the client’s tracking form so you can view or edit the record. Be sure to “**Save Changes**” to submit any editing.

## Client List screen

- You can sort the “**Client List**” by clicking on the column headings.

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HOME

User Name: ann doe | County Name: TESTING Record 1 of 5 (13560 total) Search Exit Database

Quarter 1: **2014** Number of records: **1** Quarter 2: **2013** Number of records: **0**  
Quarter 3: **2013** Number of records: **1** Quarter 4: **2013** Number of records: **0**

**Client List** [+Add New Record](#)

Record ID	Date of initial contact	Last Name	First Name	County/Site Name	Year	Quarter	Form Complete	Creator
<input type="checkbox"/> 15859	01/08/2014	Doe	Jane	TESTING	2014	First Quarter		ann doe

- You can also add a new record from this screen.

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HOME

User Name: ann doe | County Name: TESTING Record 1 of 3 (7606 total) Search Exit Database

Quarter 1: **2012** Number of records: Quarter 2: **2012** Number of records: **1**  
Quarter 3: **2012** Number of records: **2** Quarter 4: **2012** Number of records:

**Client List** [+Add New Record](#)

Record ID	Date of initial contact	Last Name	First Name	County/Site Name	Year	Quarter	Form Complete	Creator
<input type="checkbox"/> 06967	08/01/2012	Stratton	Valerie	TESTING	2012	Third Quarter	Yes	ann doe
<input type="checkbox"/> 06692	07/11/2012	Doe (Test)	Jen	TESTING	2012	Third Quarter	No	guest1
<input type="checkbox"/> 06690	4/12/2012	Smith(Test)	Ann	TESTING	2012	Second Quarter	No	trong nguyen



- If you have not found your client in the **“Client List”**, you can do a search for the client. Select the **“Search”** button to search by one field or all:

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Phone: 971-673-2306 / Fax: 971-673-0352

HOME

+ Add New Record Client List Print Record Search Save Changes Exit Database

- Client ID (that's the unique number that the system automatically generates for every record)
- Client name (you can enter in either the first or last name or both)
- Date of birth
- Date of initial contact (the date the client first contacted OMC)

### OMC Client Search screen

HOME OMC Client Search Oregon MothersCare

OMC Client Search

Client ID

Client Name  (Last, First, or full)

Date of Birth

Date of Initial Contact

Search


### Search Function

<b>Client ID</b>	If you know the client's ID #, you can search for the client by entering that unique #. The client ID # is automatically added when the record is created.
<b>Client Name</b>	<p>You can search for a client by name. You can enter their last name, first name or a combination of first and last name in any order. You may also use partial name as long as the characters entered are the first letters or the name.</p> <p>Examples:</p> <ul style="list-style-type: none"><li>• Ann</li><li>• An Smi</li><li>• An Smith</li><li>• Smi</li><li>• Smith Ann</li></ul>



<b>DOB</b>	<p>You can search for client by DOB (Date of Birth). You can use this field by itself or in conjunction with other search criteria to narrow your search.</p> <p>Example:</p> <ul style="list-style-type: none"><li>• Single date: 01/01/2014</li><li>• Less than date: &lt;01/01/2014 (gives you all births prior to 01/01/2014).</li><li>• Greater than date: &gt;01/01/2014 (gives you all births after 01/01/2014).</li><li>• Range of dates: 01/01/2014...03/31/2014 (gives you all births between 01/01/2014 and 03/31/2014).</li></ul>
<b>Date of Initial Contact</b>	<p>You can search for client Date of Initial Contact. You can use this field by itself or in conjunction with other search criteria to narrow your search.</p> <p>Example:</p> <ul style="list-style-type: none"><li>• Single date: 01/01/2014</li><li>• Less than date: &lt;01/01/2014 (gives you all records created prior to 01/01/2014).</li><li>• Greater than date: &gt;01/01/2014 (gives you all records created after 01/01/2014).</li><li>• Range of dates: 01/01/2014...03/31/2014 (gives you all records created between 01/01/2014 and 03/31/2014).</li></ul>

## **Add New Record**

- To add a new client's record, click on . A blank **"Client Tracking form"** will appear. The program will automatically fill in the **"Record ID"**.
- *The fields with a **green asterisk \*** by them are fields that are not reported or tracked by OMC. They are for your own use.*
- Start data entry in the **"OMC Site Code/Name"** field. Click on the drop-down and select your site, immediately **"Save Changes"** after selecting your site.


Without saving your site code, the system doesn't know what site the record belongs to. It is now available only in the OMC State office database. If this happens to you, please call our office (971-673-0352) and we can assign the record to your site or delete it if necessary. The same is true if you create a new record by mistake.




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## Blank Client Tracking form screen



**Oregon MothersCare**  
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First Name: Preferred Name: Last Name:

**Client Information**

OMC Site Code/Name: Date of Initial Contact Date of Birth Age Year: Quarter: Referred by \* Record ID **20701**

First Name Phone Type \* Phone \* Notes \* Ethnicity Race (check all that apply)

Preferred name \* Language

Last Name Email \* Street Address \*

Mailing Address \*

City Zip

☐ African American or Black ☐ Unknown  
☐ American Indian or Alaska Native ☐ Other  
☐ Asian  
☐ Native Hawaiian or Other Pacific Islander  
☐ White  
☐ Declined to Answer

**Client Screening:**

Client already has confirmation of pregnancy? \* ☐ Yes ☐ No

LMP Date: EDD Date: \*

Client's Current Maternity Insurance Insurance Applying Through: If OHP, which CCO: \*

Current WIC Client? \* Family Number: \* Family Income: \*

Family Notes: \*

Gravida: \* Para: \* Abortion: \* Living Child: \*

Tobacco User \* ☐ Yes ☐ No Domestic Violence \* ☐ Yes ☐ No

Alcohol User \* ☐ Yes ☐ No Vitamins \* ☐ Yes ☐ No

**Services Delivered:**

Date of Services: Appointment Time \*

☐ Pregnancy Testing  
☐ OHP Application Assistance  
☐ Referral to OHP Community Partner  
☐ Prenatal Care Provider Selected  
☐ Prenatal Care Appt. Scheduled / or confirmed by OMC Site  
☐ Initial Prenatal Needs Assessment  
☐ WIC Screening / Referral  
☐ MCM / Home Visiting Referral  
☐ Other Community Referrals  
☐ Attendance At First Prenatal Visit before OMC Confirmed  
☐ Dental Referral

**Prenatal Care Information:**

Has client started prenatal care prior to OMC?

Name of prenatal care provider or clinic: \*

Date 1st PNC before OMC

Date PNC after OMC contact

Reason for Prenatal Appointment Dates Missing:

**Application Information:**

**Application Information** ☐ Reapply OHP

Submitted


OHP Approved ☐  
CAWEX Approved ☐  
QHP Approved ☐

Notes: \*

\* Indicates fields not tracked by OMC state office and are for your office use only

Form Complete: ☐ Yes ☐ No

Created: 3/25/2015 11:27:04 AM by ann doe Modified: 3/25/2015 11:27:04 AM by ann doe







- Please note that since you're logging in through the internet, for security reasons your access through the web is only valid for an hour at a time. Because of that **"Save Changes"** often, before being locked out of the system. If you're locked out, you can log back in and receive another hour.
- When you have completed entering all of the required fields, select **"Yes"** on **"Form Complete"**. You'll be able to view which records have not been completed on the **"Client List"**, and return to them to complete. If you have not filled in ALL of the required fields select **"No"**. Again, you'll be able to view a list of all the records that still need information.

Notes: \*

\* Indicates fields not tracked by OMC state office and are for your office use only

Form Complete: ☒ Yes ☐ No

- Exit the Database  
Click on **"Exit Database"** from any screen. Do not click on the "X" in the corner, this will only close the internet connection and not the database. Be sure to always **"Exit Database"** to exit the OMC WTI database.

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HOME

Live Search


Staff List Exit Database	County/site name	User Name
<input type="checkbox"/>	TESTING	Ann Doe



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## Client Record screen image

**HOME**

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[Add New Record](#) [Client List](#) [Print Record](#) [Search](#) [Save Changes](#) [Repeat Client New PG](#) [Exit Database](#)

First Name: **Valerie** Preferred Name: Last Name: **Stratton**

**Client Information**  
OMC Site Code/Name: TESTING Date of Initial Contact: 08/01/2012 Date of Birth: 08/11/1978 Age: 36 Years, 7 Months Year: 2012 Quarter: Third Quarter Referred by: Lesa Record ID: 06967  
First Name: Valerie Preferred name: \* Phone Type: Work Phone: 971-673-2306 Notes: \* Ethnicity: Not Hispanic or Latino Race (check all that apply): ☒ African American or Black ☐ Unknown ☐ American Indian or Alaska Native ☐ Other ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Declined to Answer  
Last Name: Stratton Email: \*  
Street Address: 800 NE Oregon St. #825  
Mailing Address: \*  
City: Portland Zip: 98854

**Client Screening:**  
Client already has confirmation of pregnancy? ☒ Yes ☐ No Current WIC Client? \*  
LMP Date: 02/26/2012 Family Number: 2 Gravida: 3 Para: 7  
EDD Date: \* Family Income: \$100.00 Abortion: 5 Living Child: \*  
Client's Current Maternity Insurance: None Family Notes: number 2 and 3  
Insurance Applying Through: Tobacco User \* ☐ Yes ☐ No Domestic Violence \* ☐ Yes ☐ No  
If OHP, which CCO: \* Alcohol User \* ☐ Yes ☐ No Vitamins \* ☐ Yes ☐ No

**Services Delivered:**  
Date of Services: 08/07/2012 Appointment Time: \*  
☒ Pregnancy Testing  
☒ OHP Application Assistance  
☐ Referral to OHP Community Partner  
☒ Prenatal Care Provider Selected  
☒ Prenatal Care Appt. Scheduled / or confirmed by OMC Site  
☒ Initial Prenatal Needs Assessment  
☒ WIC Screening / Referral  
☒ MCM / Home Visiting Referral  
☒ Other Community Referrals  
☒ Attendance At First Prenatal Visit before OMC Confirmed  
☒ Dental Referral

**Prenatal Care Information:**  
Has client started prenatal care prior to OMC? Yes  
Name of prenatal care provider or clinic: Dr. Jones  
Date 1st PNC before OMC: 4/12/2012  
Date PNC after OMC contact: 08/13/2012  
Reason for Prenatal Appointment Dates Missing:

**Application Information:**  
**Application Information** ☐ Reapply OHP  
Submitted: 08/08/2012  
OHP Approved ☒  
CAWEX Approved ☐  
QHP Approved ☐

Notes:  
Type in any information that you need for your office. more info.TN

\* Indicates fields not tracked by OMC state office and are for your office use only

Form Complete: ☒ Yes ☐ No

[Save Changes](#)

Created: 8/16/2012 10:27:14 AM by ann doe

Modified: 3/25/2015 10:03:11 AM by Trong Nguyen



- If you need a paper copy of the client's tracking form, select the "Print Record" button at the top of the record you're viewing.

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[Add New Record](#) [Client List](#) [Print Record](#) [Search](#) [Save Changes](#) [Exit Database](#)

### Screen shot of a printed record

**HOME** **CLIENT LIST** **CURRENT RECORD**

**Client Information**

First Name: **Valerie** Preferred Name: Last Name: **Stratton** Form Complete: **Yes**  
Record ID: **06967**

Date of Initial Contact: **08/01/2012** Year: **2012** Quarter: **Third Quarter** Referred by: **Lesa**

Date of Birth: **8/11/1978** Age: **36 Years, 7 Months**

Phone: **Work** **971-673-2306** Street Address: **800 NE Oregon St. #825**  
**Mobile** Mailing Address:

Email: City: **Portland** Zip: **98854**  
Language: **English** Race: **African American or Black**  
Ethnicity: **Not Hispanic or Latino** White

**Client Screening**

Client already has confirmation of pregnancy: **Yes** Insurance Applying Through: **Oregon Health Plan**  
LMP: **2/26/2012** EDC: Family Number: **2**  
Client's Current Maternity Insurance: **None** Family Income: **\$100.00**  
Gravida: **3**  
Para: **7**  
Abortion: **5**  
Living Child:

Family Income Notes:  
**number 2 and 3**

Current WIC Client? Tobacco User: Alcohol User: Domestic Violence: Vitamins:

**Services Delivered**

Date of Services: Appointment Time:  
**08/07/2012**

Pregnancy Testing  
OHP Application Assistance  
Prenatal Care Provider Selected  
Prenatal Care Appt. Scheduled / or confirmed by OMC Site  
Initial Prenatal Needs Assessment  
WIC Screening / Referral  
MCM / Home Visiting Referral  
Other Community Referrals  
Attendance At First Prenatal Visit before OMC Confirmed  
Dental Referral  
ohp referral to cover oregon community partner

**Application Information**

OMC Site Code: **TESTING**

Reapply OHP  
Submitted: **08/08/2012**  
OHP Approved: **1**  
CAWEX Approved:  
QHP Approved:



Notes:  
Type in any information that you need for your office.  
more info.TN

**Prenatal Care Information**

Has client started prenatal care prior to OMC? **Yes**  
Name of Prenatal Care Provider: **Dr. Jones**  
First Date of PNC: **4/12/2012**  
PNC After OMC: **08/13/2012**  
Reason for Prenatal Appointment Dates Missing:



## Detailed Field/Button Descriptions

Field/Button	DESCRIPTION
<b>Home Icon</b> 	Click on this icon to go back to the <b>“Home screen menu”</b> .
<b>Staff List</b>	Click on <b>“Staff List”</b> to view all of the OMC authorized users at your site.
<b>Client List</b> (from Home screen)	Click on the white box next to your county to view the list of clients that are already in the database.
 Add New Record	Click on this button to create a new client record.
<b>Client List</b> (top row tab)	Click on this button to view the <b>“Client List”</b> for your site.
<b>Print Record</b>	Click on to print the current record displayed.
<b>Search</b>	Click on to search for a client that was already entered into the database for your site. (see detailed instructions on how to use the Search function on pages 6 & 7 of this document)
<b>Save Changes</b>	Click on this button to save changes you’ve made while editing or creating a client’s record. Any changes you’ve made to a record will not be recorded until you <b>“Save Changes”</b> . Use this button frequently.
<b>Exit Database</b>	Click on <b>“Exit Database”</b> from any screen to exit the database.
<b>Form Complete</b>	Select <b>“Yes”</b> <u>only</u> if all of the State OMC required fields are filled in. If they’re not completely filled in select <b>“No”</b> . You can sort by <b>“Yes”</b> or <b>“No”</b> on the <b>“Client List”</b> to easily pull up all of the records that need to be completed for your site.
<b>OMC Site Code / Name</b>	Select your OMC site from the drop-down list.
<b>Date of Initial Contact</b>	The date the client first contacted OMC by phone or in person. You can manually type it in or click on the calendar and select from there.
<b>Date of Birth</b>	The client’s date of birth. Date format is MM/DD/YYYY.
<b>Age</b>	<i>This is tabulated automatically when you select <b>“Save Changes”</b>.</i>
<b>Year</b>	<i>This is tabulated automatically when you select <b>“Save Changes”</b>.</i>
<b>Quarter</b>	<i>This is tabulated automatically when you select <b>“Save Changes”</b>.</i>
<b>Referred by*</b>	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>Record ID</b>	<i>Unique identification number for the client. This number is system generated by OMC.</i>
<b>First Name</b>	The client’s full legal first name.



Field/Button	DESCRIPTION
Field/Button	DESCRIPTION
<b>Preferred Name*</b>	What the client wants to be referred to by. <i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>Last Name</b>	The client's full legal last name.
<b>Street Address*</b>	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>City</b>	Where the client resides.
<b>Zip</b>	Where the client resides
<b>Phone type*</b>	Use the drop-down to select the type of phone. <b>"Home", "Work", "Cell", "Message", "Other", "Primary" or "Secondary"</b> . <i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>Phone*</b>	Manually type in the number. The dashes will appear when you <b>"Save Changes"</b> . <i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>Notes*</b>	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>Phone type*</b>	You can enter in a second number. <i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>Phone*</b>	You can enter in a second number. <i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>Notes*</b>	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>Ethnicity</b>	Select from the drop-down. <b>"Hispanic or Latino", "Not Hispanic or Latino", "Declined to Answer" or "Unknown"</b> .
<b>Language</b>	Select from the drop-down. The client's primary or preferred spoken language. <b>"English", "Cantonese", "Spanish", "Russian", "Vietnamese" or "Other"</b> .
<b>Race</b>	Check as many as apply. <b>"African American or Black", "American Indian or Alaska Native", "Asian", "Native Hawaiian or Other Pacific Islander", "White", "Declined to Answer", "Unknown" or "Other"</b> .
<b>Client already has confirmation of pregnancy?*</b>	Check this <u>only</u> if the confirmation is from a <u>doctor</u> or <u>clinic</u> , not for home pregnancy tests. If selected No, provide the client with pregnancy testing. <i>Not recorded or reported by OMC. For local OMC site use only.</i>



Field/Button	DESCRIPTION
<b>LMP Date</b>	This is a mandatory, <b>required</b> field. It's used behind the scenes to determine trimester for reports. If client can't remember but has doctor's EDD date. Use the wheel from the March of Dimes to determine the client's LMP Date. If client gives only a month, enter the 15 <sup>th</sup> for the day.
<b>EDD Date*</b>	Client's expected delivery date. <i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>Client's Current Maternity Insurance*</b>	Select from the drop-down. <b>"CAWEX", "OHP", "Private Insurance", "None" or "Other"</b> .
<b>Insurance Applying Through</b>	Select from the drop-down. <b>"Oregon Health Plan paper", "Oregon HealthCare.gov", "HealthCare.gov" or "Declined"</b> .
<b>If OHP, which CCO</b>	Select from the drop-down which CCO they choose. <i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>Current WIC Client?*</b>	Select from the drop-down. <b>"Yes", "No", "Scheduled"</b> . <i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>Family Number*</b>	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>Family Income*</b>	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>Pregnancy History*</b>	<b>"Gravida", "Para", "Abortion", "Living Child"</b> <i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>Family Notes*</b>	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>Tobacco User*</b>	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>Alcohol User*</b>	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>Domestic Violence*</b>	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>Vitamins*</b>	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>Date of Services</b>	This is the first appt that you had with the client, face-to-face.
<b>Pregnancy Testing</b>	Check <u>only</u> if your site provided for the client.
<b>OHP Application Assistance</b>	Check if you assisted the client with the OHP Application.
<b>Referral to OHP Community Partner</b>	Check if you referred the client.
<b>Prenatal care provider selected</b>	Check if you helped the client in selecting a PNC provider. That includes providing them with a list of PNC providers.



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Field/Button	DESCRIPTION
<b>Prenatal care appt. scheduled / or confirmed by OMC site</b>	Check if you scheduled the client's PNC appt., or if you called the provider to verify the client did keep the appt. that they or you scheduled.
<b>Initial Prenatal Needs Assessment</b>	Check if you performed an initial prenatal needs assessment with the client.
<b>WIC Screening / Referral</b>	Check if you set the client up with or referred her to WIC.
<b>MCM / Home Visiting Referral</b>	Check if you set the client up with or referred her to Maternity Case Management or Home Visiting.
<b>Other Community Referrals</b>	Check if you gave the client any other community referral.
<b>Attendance at First Prenatal Visit before OMC Confirmed</b>	Check if you confirmed the client's attendance at her first PNC appt. before coming to OMC.
<b>Dental Referral</b>	Check if you gave the client a dental referral.
<b>Has client started prenatal care prior to OMC?</b>	Select from the drop-down. <b>"Yes"</b> , <b>"No"</b> or <b>"Client Scheduled"</b> . If <u>Yes</u> or Client Scheduled is selected, date needs to be indicated under <b>"Date 1<sup>st</sup> PNC before OMC"</b> .
<b>Name of prenatal care provider or clinic*</b>	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
<b>Date 1<sup>st</sup> PNC before OMC</b>	Enter in the client's first PNC appt before contacting OMC. Or if client scheduled their own appt. You can manually type it in or click on the calendar and select from there.
<b>Date PNC after OMC contact</b>	Enter in the client's appt date that you set-up after coming to OMC. You can manually type it in or click on the calendar and select from there.
<b>Reason for Appointment Dates Missing</b>	Select only one answer. <b>"Declined"</b> , <b>"Lost to follow-up"</b> , <b>"Option Undecided"</b> , <b>"Will Make Own Appointments"</b> , <b>"Pending OHP approval"</b> , <b>"TAB" (Abortion)</b> , <b>"SAB" (Miscarriage)</b> , <b>"Transferred Care"</b> , <b>"Gave Birth"</b> or <b>"Pending Clinic Response"</b> .
<b>Stamped</b>	The date that is stamped on the application. You can manually type it in or click on the calendar and select from there.
<b>OHP Approved</b>	Check box if approved





**Oregon MothersCare**  
supporting healthy pregnancies

**Oregon MothersCare**  
800 NE Oregon St #825  
Portland OR 97232  
971-673-0352  
FAX: 971-673-0240

Field/Button	Description
<b>CAWEX Approved</b>	Check box if approved
<b>QHP Approved</b>	Check box if approved
<b>Notes*</b>	<i>Not recorded or reported by OMC. For local OMC site use only.</i>

### ***State OMC required fields***

OMC Site/Code Name	Date of Initial Contact	DOB	First & Last Name
City & Zip	Ethnicity	Language	Race
LMP Date	Client's Current Maternity Insurance	Insurance Applying Through	Date of Services
Services Delivered	If client already started PNC before OMC, must have Date 1st PNC	Date PNC after OMC contact, if dates missing need reason selected	Submitted Date
Approved by: OHP, CAWEX or QHP			





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## Reminders & Tips

- ✓ *Do not share your “**Account Name**” & “**Password**” with anyone else. Your password is unique and identifies every record as being created by you. If you have new employees who will be entering in data, please contact our office and we will set them up with their own “**Account Name**” & “**Password**”.*
- ✓ *Click on the “**Save Changes**” button as soon as you select your site code. If you do not, the record will only be accessible to the State OMC Office. Call our office at 971-673-0352 if you’ve lost a record or created a new record in error. Likewise, if you accidentally select another site’s code, please notify our office, otherwise, the record will be submitted and credited to another site.*
- ✓ *The **green** \* asterisks indicate fields that are not required or used in reporting by the State OMC Office and are there for your use only.*
- ✓ *If you’ve selected an answer from a drop-down list and need to delete the answer, select the blank line at the end of the list.*
- ✓ *If you’ve forgotten to select “**Yes**” or “**No**” for “**Form Complete**”, the record will be stored with that blank. When you go to the “**Client List**”, you can sort by “**Form Complete**” and you’ll see the records as, “**Yes**”, “**No**” and blank. Please select all of the records that are blank or “**No**” and fill in the missing data.*
- ✓ *If dates are missing in the Prenatal Care Information section, you must select a reason from the drop-down list.*
- ✓ *Last, but most importantly **SAVE CHANGES** frequently!*