

**Alabama Breast and  
Cervical Cancer Early  
Detection Program Annual  
Web-based Enrollment**

**Satellite Conference  
Monday, July 18, 2005  
11:00 a.m.-12:00 p.m. (Central Time)**

**Produced by the Alabama Department of Public Health  
Video Communications Division**

**Faculty**

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**Reasons for Enrollment**

- **Level funding/shrinking dollars**
  - allows for improved budgetary management
- **Number of patients served**
  - budget is based on average cost per patient

**Purpose Of Web-based  
Enrollment**

- **Provide current information about number of patients being served**
- **Expedite paperwork**
- **Streamline the billing process**
- **Tool to assist providers to identify women who qualify for screenings**

**Changes Necessary**

- **Change in age criteria guidelines**
- **HCFA 1500 will be required**
- **Patient must meet eligibility criteria and be enrolled before screening and assigned a Tracking Number**
  - Copy of confirmation sheet
  - Write tracking number on the screening/billing form
  - Patient must meet eligibility criteria in order to guarantee payment
    - **Cannot have Medicaid coverage**

## Getting Started – What You Will Need

- Internet access
- Must be a current provider
- Provider ID number
  - County Health Departments
    - Screening coordinator will contact you
  - Private providers
    - Packet of information

## Web Address

## Log-on Screen

- User ID
  - Provider ID number
    - One Provider ID number per physical site
- Password
  - First time log in use enter “Password”
  - The system will then prompt the screener to change the password
  - Passwords are to be kept confidential
  - One password per provider ID number



## Menu Screen

- The first screen will display three options
  - Patient details
  - FAQ/Users manual
  - Forms



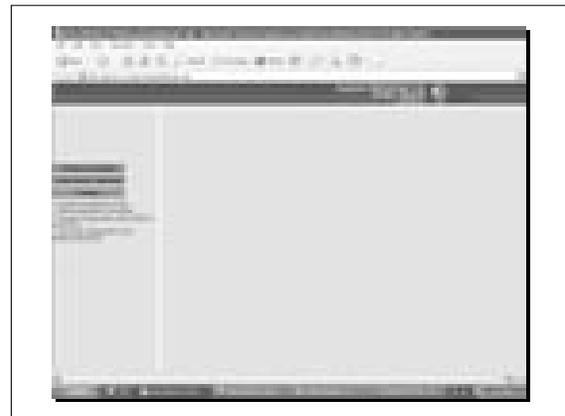
## FAQ/Users manual

- **FAQ**
  - **Federal Poverty Guidelines**
  - **Screening coordinators contact information/counties**
  - **State office contact information**
- **Users manual**



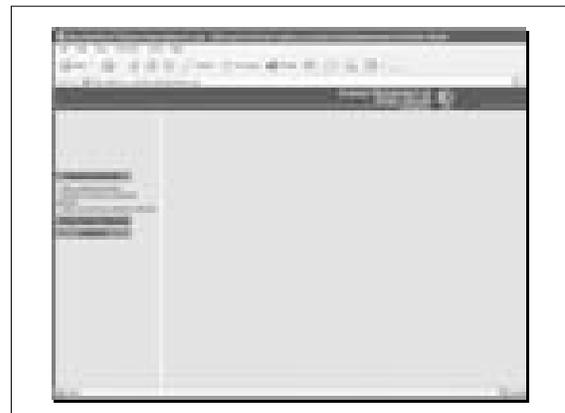
## Forms

- **Screening/billing form**
- **Mammography voucher**
- **Diagnostic breast/follow-up**
- **Diagnostic cervical/follow-up.**



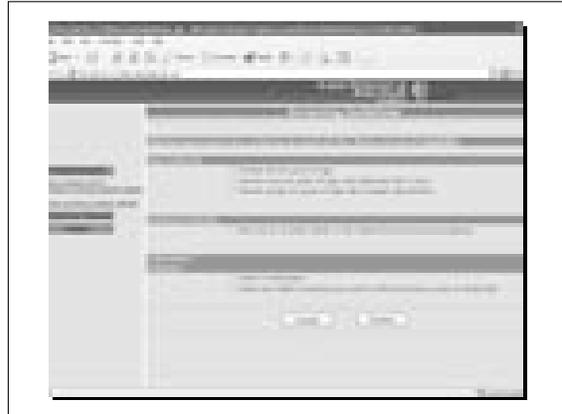
## Patient Details

- **New patient entry**
- **Modify existing patient details**
- **View existing patient details**



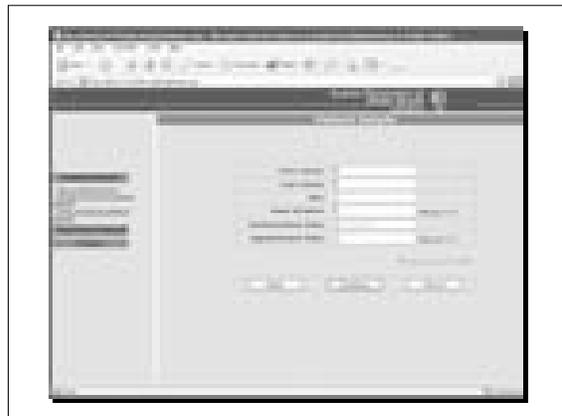
## Terms of eligibility

- Screening guidelines
  - Must meet 1 criterion in each of the 3 categories
  - Program edits will not allow the screener to proceed unless a response is selected in all 3 categories
  - After selections are made click on “Accept” to proceed to the next screen



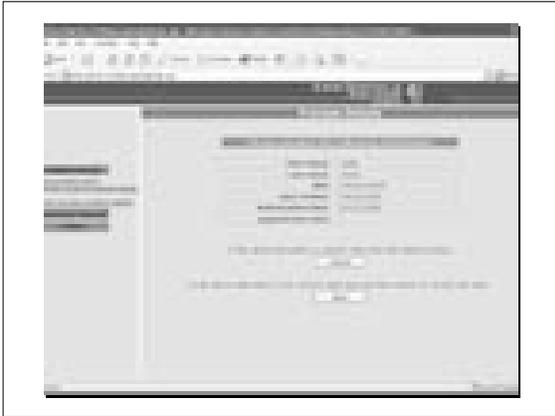
## New Patient Entry

- Three fields to complete
  - Required fields that must be completed in order to proceed
    - First name
    - Last name
    - Date of birth
  - All patients that have social security numbers must be entered
    - There will be a prompt reminding you if this was not entered
    - Women do not have to have a Social Security number in order to qualify
  - Enter the date of appointment
- Click on “Continue” to proceed to the next screen



## Preview Details

- Allows you to review the information before you enroll
- Click on “Back” if corrections are needed
- Click on “Submit” for enrollment



### Confirmation Details

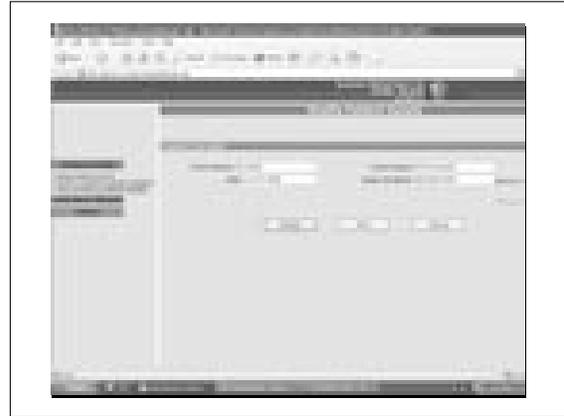
- Provides “Tracking Number”
  - Make copy of form for your records
  - Place tracking number on screening/billing form
  - Place “Tracking Number” on mammography voucher and/or the diagnostic forms.
  - Send your screening/billing form and HCFA 1500 to your screening coordinator



### Modify Existing Patient Details

- Allows you to add or change enrollment information





### **Viewing Existing Patient Details**

- Allows you to view patient enrollment information
- Unable to modify



### **Upcoming Programs**

**For Complete Program Listing  
visit us at our website  
[www.adph.org/alphn](http://www.adph.org/alphn)**