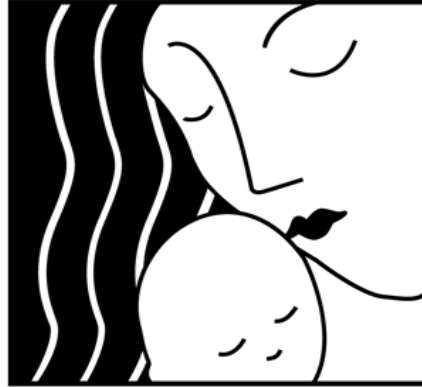




Oregon MothersCare
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Oregon MothersCare
OMC WTI
Instructions

Oregon MothersCare
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Portland OR 97232
971-673-2306
FAX: 971-673-0240



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OMC WTI Manual

Oregon
Health
Authority



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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: 971-673-2306



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 971-673-2306.

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



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


The screenshot shows the login form for the "Oregon MothersCare" database. The form is titled "Open database 'Oregon MothersCare' with:". It has two radio buttons: "Guest Account" (unselected) and "Account Name and Password" (selected). Below the radio buttons are two input fields: "Account Name:" and "Password:". At the bottom right of the form are two buttons: "Login" and "Cancel". A red arrow points to the "Login" button.



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- 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



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HOME

Search Exit Database

Client List [+Add New Record](#)

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

Staff List Exit Database

- 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.



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HOME

Search Exit Database

Client List [+Add New Record](#)

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

Staff List Exit Database

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

Staff List screen

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HOME

User Name: ann doe 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](#)

Staff List Exit Database

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



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- 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



- 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)

Search for client screen

Search Function


<p>Client ID</p>	<p>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.</p>
<p>Client Name</p>	<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"> • Ann • An Smi • An Smith • Smi • Smith Ann



Oregon MothersCare OMC WTI Instructions

DOB	<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"> • Single date: 01/01/2014 • Less than date: <01/01/2014 (gives you all births prior to 01/01/2014). • Greater than date: >01/01/2014 (gives you all births after 01/01/2014). • Range of dates: 01/01/2014...03/31/2014 (gives you all births between 01/01/2014 and 03/31/2014).
Date of Initial Contact	<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"> • Single date: 01/01/2014 • Less than date: <01/01/2014 (gives you all records created prior to 01/01/2014). • Greater than date: >01/01/2014 (gives you all records created after 01/01/2014). • Range of dates: 01/01/2014...03/31/2014 (gives you all records created between 01/01/2014 and 03/31/2014).

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 (971-673-2306) 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.



Oregon MothersCare OMC WTI Instructions

Blank Client Tracking form screen

 HOME

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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: **15878**

First Name:
 Phone Type:
 Phone:
 Notes:
 Ethnicity:
 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

Preferred name:
 Language:

Last Name:
 Email:

Street Address:

Mailing Address:

City:
 Zip:

Client Screening:

Client already has confirmation of pregnancy? Yes No
 Current WIC Client:
 Gravida:

LMP Date:
 Family Number:
 Para:

EDC Date:
 Family Income:
 Abortion:

Client's Current Maternity Insurance:
 Family Notes:

Insurance Applying for:
 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
 OHP Referral to Cover Oregon Community Partner
 OHP Application Faxed to OHP by OMC Site
 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:

OHP Application Information:

Reapply OHP

Stamped:
 Submitted:

Pended by OHP:
 Pended again by OHP:

OHP Approved:
 CAWEX Approved:

Denied (must select below):
 Reasons Application Denied / Missing Dates:

Notes:

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

Form Complete: Yes No



- 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

Exit Database

+ Add New Record

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



Oregon MothersCare OMC WTI Instructions

Client Record screen image

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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 35 Years, 7 Months	Year: 2012 Quarter: Third Quarter	Referred by Lesa	Record ID 06967
First Name Valerie	Phone Type Work	Phone 971-673-2306	Notes *	Ethnicity Not Hispanic or Latino	Race (check all that apply)	
Preferred name *	Mobile			Language English	<input checked="" type="checkbox"/> African American or Black <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <input type="checkbox"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> No	Current WIC Client?*	Gravida: 3
LMP Date: 02/26/2012	Family Number: 2	Para: 7
EDC Date:*	Family Income: \$100.00	Abortion: 5
Client's Current Maternity Insurance None	Family Notes: number 2 and 3	Living Child:*
Insurance Applying for: Oregon Health Plan	Tobacco User* <input type="radio"/> Yes <input type="radio"/> No	Domestic Violence* <input type="radio"/> Yes <input type="radio"/> No
	Alcohol User * <input type="radio"/> Yes <input type="radio"/> No	Vitamins* <input type="radio"/> Yes <input type="radio"/> No

Services Delivered:

Date of Services:	Appointment Time *
08/07/2012	
<input checked="" type="checkbox"/> Pregnancy Testing <input checked="" type="checkbox"/> OHP Application Assistance <input type="checkbox"/> OHP Referral to Cover Oregon Community Partner <input checked="" type="checkbox"/> OHP Application Faxed to OHP by OMC Site <input checked="" type="checkbox"/> Prenatal Care Provider Selected <input type="checkbox"/> Prenatal Care Appt. Scheduled / or Confirmed by OMC Site <input checked="" type="checkbox"/> Initial Prenatal Needs Assessment <input checked="" type="checkbox"/> WIC Screening / Referral <input checked="" type="checkbox"/> MCM / Home Visiting Referral <input checked="" type="checkbox"/> Other Community Referrals <input type="checkbox"/> Attendance At First Prenatal Visit before OMC Confirmed <input checked="" type="checkbox"/> Dental Referral	

Prenatal Care Information:

Has client started prenatal care prior to OMC? Yes *(indicate date below)
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:

OHP Application Information:

<input type="checkbox"/> Reapply OHP
Stamped 08/07/2012
Submitted 08/08/2012
Pended by OHP
Pended again by OHP
OHP Approved 08/13/2012
CAWEX Approved
Denied (must select below) 12/15/2012
Reasons Application Denied / Missing Dates: Expired/Lack of Info/No Client Response

Notes:

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

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

Form Complete: Yes No

[Save Changes](#)



Oregon MothersCare OMC WTI Instructions

- 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.



Screen shot of a printed 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: **Lesia**

Date of Birth: **8/11/1978** Age: **35 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 for: **Oregon Health Plan**

LMP: **2/26/2012** EDD: Family Number: **2**

Insurance Status: **None** Family Income: **\$100.00**

Family Income Notes: **number 2 and 3** Gravida: **3**
Para: **7**
Abortion: **5**
Living Child:

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
OHP Application Faxed to OHP by OMC Site
Prenatal Care Provider Selected
Initial Prenatal Needs Assessment
WIC Screening / Referral
MCM / Home Visiting Referral
Other Community Referrals
Dental Referral
ohp referral to dhs

OHP Application Information

OMC Site Code: **TESTING**

Reapply OHP

Stamped: **08/07/2012**
Submitted: **08/08/2012**
Pended by OHP:
Pended again by OHP:
OHP Approved: **08/13/2012**
CAWEM/CAMEX
Approved:
Denied: **12/15/2012**
Reasons Application Denied / Missing Dates:
Expired/Lack of Info/No Client Response

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

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:



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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 Insurance	Insurance Applying for	Has client already started PNC?
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	Date of Services
Stamped	Submitted	Approved or Denied, if denied, need reason	Reason Application Denied / Missing Dates



Detailed Field/Button Descriptions

Field/Button	DESCRIPTION
Home Icon 	Click on this icon to go back to the “ Home screen menu ”.
Staff List	Click on “ Staff List ” to view all of the OMC authorized users at your site.
Client List (from Home screen)	Click on the white box next to your county to view the list of clients that are already in the database.
	Click on this button to create a new client record.
Client List (top row tab)	Click on this button to view the “ Client List ” for your site.
Print Record	Click on to print the current record displayed.
Search	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 at the end of this document)
Save Changes	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 “ Save Changes ”. Use this button frequently.
Exit Database	Click on “ Exit Database ” from any screen to exit the database.
Form Complete	Select “ Yes ” <u>only</u> if all of the State OMC required fields are filled in. If they’re not completely filled in select “ No ”. You can sort by “ Yes ” or “ No ” on the “ Client List ” to easily pull up all of the records that need to be completed for your site.
OMC Site Code / Name	Select your OMC site from the drop-down list.
Date of Initial Contact	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.
Date of Birth	The client’s date of birth. Date format is MM/DD/YYYY.
Age	<i>This is tabulated automatically when you select “Save Changes”.</i>
Year	<i>This is tabulated automatically when you select “Save Changes”.</i>
Quarter	<i>This is tabulated automatically when you select “Save Changes”.</i>
Referred by*	<i>Not recorded or reported by OMC. For local OMC site use only.</i>



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Field/Button	DESCRIPTION
Record ID	<i>Unique identification number for the client. This number is system generated by OMC.</i>
First Name	The client's full legal first name.
Preferred Name*	What the client wants to be referred to by. <i>Not recorded or reported by OMC. For local OMC site use only.</i>
Last Name	The client's full legal last name.
Street Address*	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
City	Where the client resides.
Zip	Where the client resides
Phone type*	Use the drop-down to select the type of phone. "Home" , "Work" , "Cell" , "Message" , "Other" , "Primary" or "Secondary" . <i>Not recorded or reported by OMC. For local OMC site use only.</i>
Phone*	Manually type in the number. The dashes will appear when you "Save Changes" . <i>Not recorded or reported by OMC. For local OMC site use only.</i>
Notes*	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
Phone type*	You can enter in a second number. <i>Not recorded or reported by OMC. For local OMC site use only.</i>
Phone*	You can enter in a second number. <i>Not recorded or reported by OMC. For local OMC site use only.</i>
Notes*	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
Ethnicity	Select from the drop-down. "Hispanic or Latino" , "Not Hispanic or Latino" , "Declined to Answer" or "Unknown" .
Language	Select from the drop-down. The client's primary or preferred spoken language. "English" , "Cantonese" , "Spanish" , "Russian" , "Vietnamese" or "Other" .
Race	Check as many as apply. "African American or Black" , "American Indian or Alaska Native" , "Asian" , "Native Hawaiian or Other Pacific Islander" , "White" , "Declined to Answer" , "Unknown" or "Other" .
Client already has confirmation of pregnancy?*	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>



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Field/Button	DESCRIPTION
LMP Date	This is a mandatory, required 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 LMP Date. If client gives only a month, enter the 15 th for the day.
EDD Date*	Client's expected delivery date. <i>Not recorded or reported by OMC. For local OMC site use only.</i>
Client's Current Insurance	Select from the drop-down. "CAWEX", "OHP", "Private Insurance" or "None" .
Current WIC Client?*	Select from the drop-down. "Yes", "No", "Scheduled" . <i>Not recorded or reported by OMC. For local OMC site use only.</i>
Has client started PNC before today?	Select from the drop-down. "Yes", "No" or "Client Scheduled" . If <u>Yes</u> or Client Scheduled is selected, date needs to be indicated under "Date 1st PNC before OMC" .
Applying for	Select from the drop-down. "OHP", "Qualified Health Plan", "CAWEX", or "Declined" .
Family Number*	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
Family Income*	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
Pregnancy History*	"Gravida", "Para", "Abortion", "Living Child" <i>Not recorded or reported by OMC. For local OMC site use only.</i>
Family Notes*	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
Tobacco User*	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
Alcohol User*	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
Field/Button	DESCRIPTION
Domestic Violence*	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
Vitamins*	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
Pregnancy Testing	Check <u>only</u> if your site provided for the client.
OHP Application Assistance	Check if you assisted the client with the OHP Application.
OHP Referral to Cover Oregon Community Partner	Check if you referred the client.
OHP Application Faxed to OHP by OMC Site	Check if you faxed the client's OHP Application to OHP.



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Field/Button	DESCRIPTION
Prenatal care provider selected	Check if you helped the client in selecting a PNC provider. That includes providing them with a list of PNC providers.
Prenatal care appointment scheduled / or confirmed by OMC site	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.
Initial Prenatal Needs Assessment	Check if you performed an initial prenatal needs assessment with the client.
WIC Screening / Referral	Check if you set the client up with or referred her to WIC.
MCM / Home Visiting Referral	Check if you set the client up with or referred her to Maternity Case Management or Home Visiting.
Other Community Referrals	Check if you gave the client any other community referral.
Attendance at First Prenatal Visit before OMC Confirmed	Check if you confirmed the client's attendance at her first PNC appt. before coming to OMC.
Dental Referral	Check if you gave the client a dental referral.
Name of prenatal care provider or clinic*	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
Date 1st PNC before OMC	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.
Date PNC after OMC contact	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.
Reason for Appointment Dates Missing	Select only one answer. "Declined", "Lost to follow-up", "Option Undecided", "Will Make Own Appointments", "Pending OHP approval", "TAB" (Abortion), "SAB" (Miscarriage), "Transferred Care", "Gave Birth" or "Pending Clinic Response" .
Date of Services	This is the first appt that you had with the client, face-to-face. You can manually type it in or click on the calendar and select from there.



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Field/Button	DESCRIPTION
Time*	<i>Not recorded or reported by OMC. For local OMC site use only.</i>
Stamped	The date that is stamped on the application.
Submitted	The date you submitted the application.
Pended by OHP	The first date OHP pended the application.
Pended again by OHP	Any date OHP pended the application after the first time.
OHP Approved	The date OHP approved the application.
CAWEX Approved	The date CAWEX approved the application.
Denied	The date the application was denied. Be sure to select the reason from the drop-down below.
Reasons Application Denied / Missing Dates	Select one reason from the drop-down for missing dates or for the application being denied. “Already has OHP Coverage”, “Unable to extend OHP”, “Did not apply/declined”, “Scheduled to apply”, “Lost to follow-up”, “Through other office”, “Applied on own”, “Transferred care”, “App in process”, “Over Income”, “Expired / Lack of Info / No client response” or “Other”.
Notes*	<i>Not recorded or reported by OMC. For local OMC site use only.</i>



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 971-673-2306 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 PNC or OHP section, you must select a reason from the drop-down list.*
- ✓ *Last, but most importantly **SAVE CHANGES** frequently!*