

Oregon MothersCare

Client Tracking Form Field Definitions

The following table defines each of the fields on the Oregon MothersCare Client Tracking Form. The “WTI notes” column also has information that might be helpful when entering this information into WTI. The State OMC Program requires OMC sites to provide the **bold information** in white boxes for each client. Information in the grey boxes can be collected by local OMC sites, but is not required by the State OMC program.

Tracking information		
Field	Definition	WTI Notes
Host site code/name	OMC site’s code or 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.
Referred by	Who referred the client to OMC	
Record ID	Unique identification number for the client.	This number is system generated by OMC.

Client information		
Field	Definition	WTI Notes
First Name	The client’s full legal first name.	
Last Name	The client’s full legal last name.	
Date of Birth	The client’s date of birth.	Date format is MM/DD/YYYY.
Preferred Name	What the client wants to called.	
Pronouns	The client’s pronouns.	
Email address	The client’s email address.	
Address	The client’s home address	
City	The city in which the client lives.	
ZIP	The client’s ZIP code.	
Phone #1	The client’s phone number.	Manually type in the number. The dashes will appear when you “Save Changes.”
Phone #2	The client’s phone number, if a second number is needed.	Manually type in the number. The dashes will appear when you “Save Changes.”
Language	The client’s preferred language.	Select from drop down menu.
Race	The client’s self-identified race.	Check as many as apply.
Ethnicity	The client’s self-identified ethnicity.	Select from drop down menu.

Insurance application information		
Field	Definition	WTI Notes
Current insurance	Client's insurance during first OMC contact.	Select from drop down menu.
Current insurance end date	The date client's insurance is set to end.	
App. submitted date	Date insurance application was submitted.	
Reapply date	Date reapplied for current insurance.	
Approval	Which insurance the client was approved for: OHP (Oregon Health Plan), CAWEX, or QHP (Qualified Health Plan, or Marketplace plan).	
If OHP, which CCO	If client was approved for OHP, note which CCO they were assigned to.	

Women's Infants and Children (WIC) program		
Field	Definition	WTI Notes
Current WIC client	Client's current WIC enrollment status.	
Family number	WIC family number.	
Family income	Family income for WIC eligibility purposes.	
Notes	Space for any WIC notes.	

Client screening		
Field	Definition	WTI Notes
LMP Date	Date of client's last menstrual period (LMP). If client can't remember but has doctor's EDD date, use the wheel to determine the client's LMP Date. If client gives only a month, enter the 15th for the day.	
EDD	Client's estimated due date (EDD).	WTI will automatically calculate this field once LMP date is entered.
Client already has confirmation of pregnancy?	Client has had pregnancy test from doctor or clinic, not home pregnancy test.	
Pregnancy history		
Gravida	Total number of pregnancies	
Para	Total number of pregnancies past 20 weeks	
Abortion	Total number of miscarriages and abortions	
Living child	Total number of living children	
Client needs identified		
Tobacco use	Client screened and is currently using tobacco	
Alcohol use	Client screened and is currently using alcohol	

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Client screening, continued...		
Field	Definition	WTI notes
Drug use	Client screened and is currently using drugs	
Perinatal mood disorder	Client screened and perinatal mood disorder was identified.	
Domestic violence	Client screened for domestic violence and unmet needs were identified	
Prenatal vitamins	Client screened and needs to take prenatal vitamins	
Plan to breastfeed	Client screened and needs support with plan to breastfeed	
Food insecurity	Client screened for food/nutrition needs and unmet needs were identified	
Housing insecurity	Client screened for housing needs and unmet needs were identified	
Transportation needs	Client screened for transportation needs and unmet needs were identified	

Services delivered by OMC site		
Field	Definition	WTI Notes
Date of services	The first appointment you have with the client, either face-to-face or over the phone.	
Prenatal care		
Initial prenatal needs screening	Client screened for prenatal needs, either using a formal screening tool or through conversation with client about unmet needs during their pregnancy.	
Prenatal care provider selected	Client received help from OMC site to choose a prenatal care provider.	
Prenatal care appointment scheduled	Client received help from OMC site to schedule prenatal care appointment.	
Prenatal care appointment confirmed by OMC site	OMC site confirmed with PNC provider that client had scheduled prenatal care appointment.	
Insurance		
OHP application assistance	Client received help applying (or reapplying) for Oregon Health Plan.	
OHP community partner referral	Client was referred to OHP community partner for help with insurance enrollment.	

Services delivered by OMC site, continued...

Field	Definition	WTI Notes
Health and social supports		
Pregnancy test	Client received pregnancy test at OMC site.	
WIC certification	OMC program enrolled client in WIC benefits.	
WIC referral	Client had <u>completed</u> referral to WIC program. OMC program followed up to confirm client received WIC services.	
PCP education	OMC program talked with client about the importance of primary care providers and services.	
PCP referral	Client had <u>completed</u> referral to primary care provider (PCP). OMC program followed up to confirm client received PCP services.	
Smoking cessation education	OMC program talked with client about the importance of smoking cessation during pregnancy.	
Smoking cessation referral	Client had <u>completed</u> referral to smoking cessation resources. OMC program followed up to confirm client received smoking cessation services.	
Home visiting education	OMC program talked with client about the services available to them through local home visiting program(s).	
Home visiting referral	Client had <u>completed</u> referral to home visiting program(s). OMC program followed up to confirm client received home visiting services.	
Dental education	OMC program talked with client about the importance of oral health during pregnancy.	
Dental referral	Client had <u>completed</u> referral to dental program(s). OMC program followed up to confirm client received dental services.	
Transportation assistance education	OMC program talked with client about available transportation resources.	
Transportation assistance referral	Client had <u>completed</u> referral to transportation assistance program(s). OMC program followed up to confirm client received transportation services.	
Childbirth class education	OMC program talked with client about the services available to them through local childbirth class(es).	
Childbirth class referral	Client had <u>completed</u> referral to childbirth class(es). OMC program followed up to confirm client received childbirth class.	

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Services delivered by OMC site, continued...		
Field	Definition	WTI Notes
Behavioral health education	OMC program talked with client about behavioral health during pregnancy (e.g., depression, perinatal mood disorders, substance use).	
Behavioral health referral	Client had <u>completed</u> referral to behavioral health service(s), e.g., behavioral health provider, group therapy, outpatient treatment, or other programs. OMC program followed up to confirm client received behavioral health services.	
Other community referrals	Client was referred to other community resources not listed above.	

Prenatal care (PNC) information		
Field	Definition	WTI Notes
Has client started PNC prior to OMC contact?	Did client already have a prenatal care visit before coming in for OMC appointment? This information is used to measure impact of OMC program.	
Yes	Client had a prenatal care visit before their OMC appointment. Write date of PNC visit below.	
No	Client did not have a prenatal care visit before their OMC appointment. Write date that PNC visit was scheduled below.	
Name of prenatal care provider or clinic	Prenatal care provider or clinic's name.	
If no date above, select reason	If there is no date for prenatal care listed above, please select the reason why this information is missing.	Select only one answer.