

Physician Office Data Entry Webinar and Documentation

Presented by
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Welcome to the physician office data entry module webinar

- Learn how to access the data entry module
- Understand the difference between the two different data entry forms
- Navigate to the technical manuals developed for physician office reporting

Physician Office Data Entry

- This webinar/documentation is designed for only those physician offices that have
 - Already registered their physician
 - Received their login credentials
 - Have chosen Single Entry as their data transfer method
- This webinar/documentation is **NOT** intended for physician offices that
 - Chose Claims Upload method as their data transfer method

Physician Registration

- Before you can begin the physician office data entry modules you must first register your physician
- If you have not already registered your physician and do not have your log in credentials, the registration instructions and recorded Webinar are on the FCDS Physicians page

<https://fcds.med.miami.edu/inc/physicians.shtml>

Physician Page

- Registration Webinar recorded
- Physicians' Cancer Reporting Manual
- Tutorials

FCDS
Florida Cancer Data System
A JOINT PROJECT OF THE SYLVESTER COMPREHENSIVE CANCER CENTER AND THE FLORIDA DEPARTMENT OF HEALTH

Florida's Statewide Population-Based Cancer Registry

Jill A. MacKinnon
 Ph.D, C.T.R.
 Project Director

Home	<u>Reporting for Medical Oncology, Hematology and Urology Practices</u>
What's New	
Jobs	
Edu & Training	Webinar Register today for Physician Cancer Reporting webinar - reporting via FCDS IDEA Single Entry method, May 29, 1-2 PM, dial-in number: (877) 771-7176, access code: 959347,
Welcome	Handouts Webinar Slides, 3/page , Frequently asked questions about FCDS IDEA
Statistics	Manual Florida Physicians' Cancer Reporting Manual
Newsletters	Recording 02/21/2013, Physician Cancer Reporting in Florida for Medical Oncology, Hematology, and Urology (WMV format, 189 MB, 1 hour, 10 minutes)
Questions	Tutorials Short tutorials on Physician registrations with FCDS IDEA
Staff	Registration Physician Reporting Registration
Links	
Contact Us	
Downloads	
Law & Rules	
Data Requests	<u>Physician Vendor Reporting</u>
Path Labs	<u>Reporting for Dermatology Practices</u>
RT	<u>FCDS IDEA requires free Adobe Flash/Reader software you already may have on your computer from (click for more info)</u>
Physicians	

During your registration process your office chose single data entry

- To activate the single data entry module, you must first log on to the FCDS system
- Utilizing your log in credentials takes you to the secure web page behind the FCDS firewall
- Your data are entered/viewed securely via the FCDS IDEA page

Main Physician IDEA Page

FCDS Florida Cancer Data System
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Webinar Register today for Physician Cancer Reporting webinar - reporting via FCDS IDEA Single Entry method, May 29, 1-2 PM, dial-in number: (877) 771-7176, access code: 959347.

Handouts [Webinar Slides, 3/page](#), [Frequently asked questions about FCDS IDEA](#)

Manual [Florida Physicians' Cancer Reporting Manual](#)

Recording [02/21/2013 Physician Cancer Reporting in Florida for Medical Oncology, Hematology, and Urology \(WMV format, 189 MB, 1 hour, 10 minutes\)](#)

Tutorials Short tutorials on Physician registrations with FCDS IDEA

Registration Physician Reporting Registration

Physician Vendor Reporting

Reporting for Dermatology Practices

FCDS IDEA requires free Adobe Flash/Reader software you already may have on your computer from (click for more info)

Path Labs
RT
Physicians
FCDS IDEA

Click FCDS IDEA Button


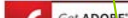
FCDS Florida Cancer Data System
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Florida's Statewide
Population-Based Cancer Registry

Youjie Huang
M.D., DrPH, M.P.H.
Section Administrator

Home
What's New
Jobs
Edu & Training
Welcome
Statistics
Newsletters
Questions
Staff
Links
Contact Us
Downloads
Law & Rules
Data Requests

Path Labs
RT
Physicians
FCDS IDEA

- [Access the FCDS IDEA Login page for Single Entry/Uploads Hospital, Path, RT, other logins.](#)
- [Create new FCDS IDEA account](#)
- [Frequently asked questions about FCDS IDEA](#)
- Moodle: A New Learning Management System for FCDS, <http://moodle.med.miami.edu>
- 1/8/2013, FCDS Automated User Account and Using the FCDS On-Line Learning Management System, Files: [LMS Overview \(slides\), \(3/page\), \(6/page\)](#), [Existing User Account Instructions \(slides\), \(3/page\), \(6/page\)](#), [New User Account Instructions \(slides\), \(3/page\), \(6/page\)](#), [Facility Abstractor Administrator \(FAA\) Instructions \(slides\), \(3/page\), \(6/page\)](#), [Forgot password procedures \(slides\), \(3/page\), \(6/page\)](#), [Recording, NCRA CE# 2012-156](#)
- FCDS IDEA requires free software you already may have on your computer from:
 - [Adobe.com](#) 
 - Please note: The Adobe Flash and Adobe Reader install pages may ask if you want to also install other optional programs such as Chrome. These optional programs are not required by FCDS IDEA.
 - [Adobe Flash version 9 or greater](#)  to view the menus

Click access FCDS IDEA

Enter login credentials

The image shows a web browser window with a blue border. The page title is "Login". There are two input fields: "Username:" and "Password:". Both fields are highlighted with a green oval. Below the input fields is a scrollable area containing the following text:

Authorized Access only.

Major yearly system maintenance September 1-17. FCDS IDEA will not be available during this time. FCDS will be converting the entire state registry database to NAACCR V12.2. During that time, FCDS IDEA will be disabled and entry and uploads will be turned off. We hope to be done by Sept. 6, but are reserving the extra time for unexpected conversion issues. Thank you for your patience.

At the bottom of the page, there are two buttons: "User/Password Reset" and "Login". Both buttons are highlighted with a green oval.

First Screen when you log in

https://fcdsnew.med.miami.edu/?nocache=true - IDEA *FCDS* - Windows Internet Explorer

PATRICIA STEARNS FCDS IDEA 05/10/2013 15:04:58
**** FCDS TEST 1 DataBase ****

Physician File Window

Welcome - Physician Dashboard PhysDashboard

Your password will expire in 272 days. (FEB 06th 2014)

I want to: Register/Modify a Physician
 Enter Claims Data for a Registered Physician
 HTTPS File Upload Claims Data

Scan these log/error messages from the last month or click show All to see all of them.If you see an access time or error you don't recognize, contact FCDS.

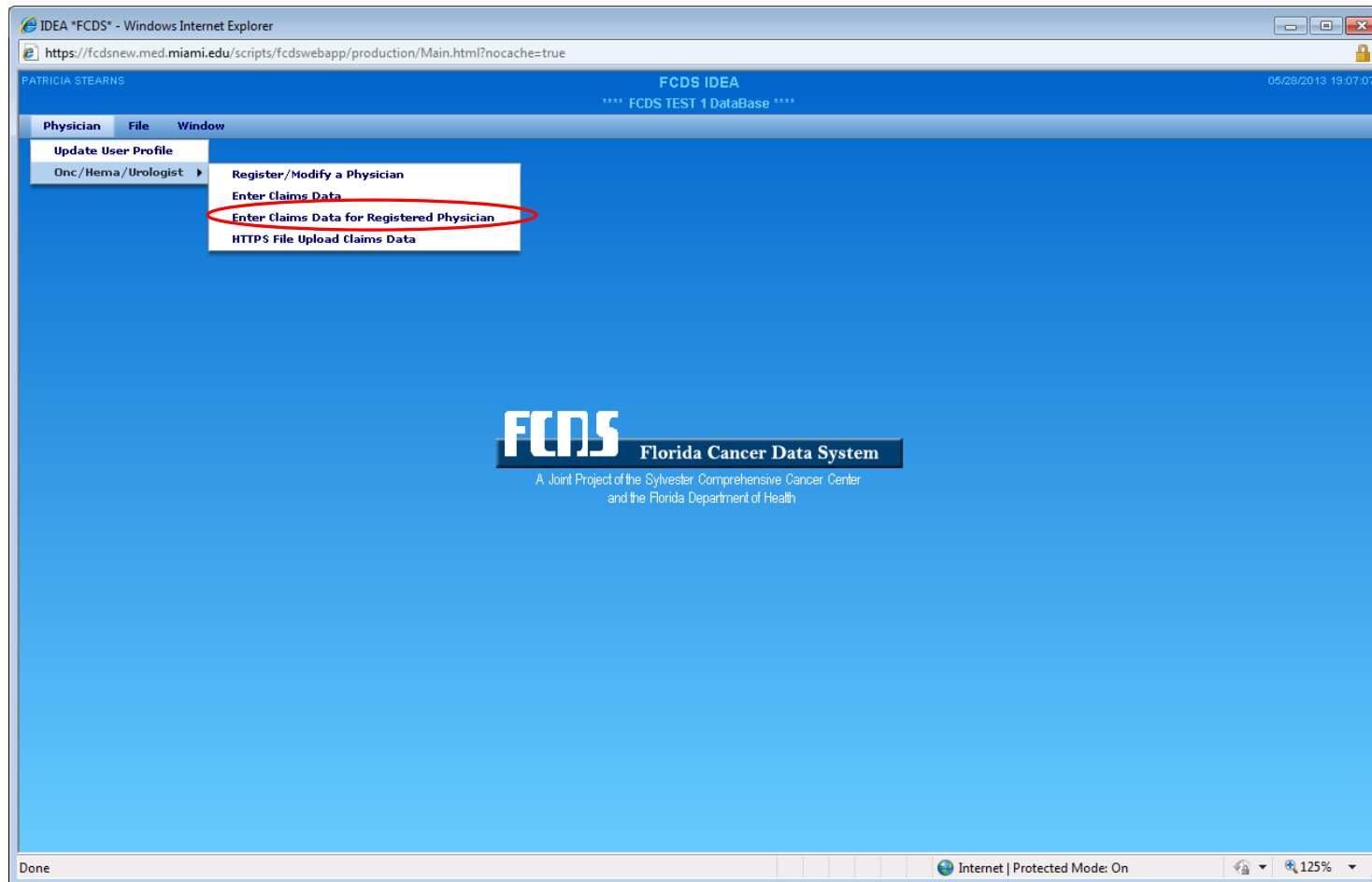
Recent System Activity Show All

Date / Time	Action
05/10/2013 15:03:59	0:Login: pstearns
05/10/2013 13:58:14	0:Login: pstearns
05/10/2013 13:50:51	0:Login: pstearns
05/01/2013 14:00:10	0:Login: pstearns
05/01/2013 13:25:42	0:Login: pstearns
05/01/2013 13:02:00	0:Login: pstearns
Record Count:	17

What do you wish to do?

Click "Enter claims data for your registered physician" on your dashboard

FCDS Physician Page



Two different claims entry forms to choose from

- Full claims entry
 - HCFA 1500
 - Designed to transfer data directly from your submitted claim form using claim specific coding
- Alternate claims entry
 - Natural language
 - Designed to capture minimal data using prompts and pull down boxes

The Claims Entry Selection Screen

Health Insurance Claim Form (HCFA 1500) - Selection

View of Saved Records:
 Incomplete Finalized All

Create Excel Spreadsheet

Double Click a record to Review/Update or click New Claim button.

Type	Claim Id	Member ID	Patient Name	Date of Birth	SSN	Sex	Status	Last Updated
Alt	104	834928	MOLISE, MINNEY	1956-05-14	123-45-6789	M	Finalized	05/16/2013 17:11
Alt	90	MR - 124	SMITH, WILLIAM	1945-05-14	444-88-7777	M	Finalized	05/10/2013 15:04
Alt	91	MR - 124	SMITH, WILLIAM	1945-05-14	444-88-7777	M	Finalized	05/10/2013 15:04
Alt	92	MR - 125	BEAR, TED E	1992-09-24	333-77-4444	M	Finalized	05/10/2013 14:00
Alt	89	MR - 123	DOE, JANE	1965-06-14	333-22-1111	F	Finalized	05/10/2013 13:57
Full	81	23452345	TEST, ROBERT A	1963-05-16	123-55-6666	M	Finalized	05/16/2013 8:01
Full	143	16	TEST, TEST	2000-05-16	123-55-4444	F	Incomplete	05/01/2013 13:36

Count: 7

Select New Claim - Full

The Claims Entry Selection

From this screen you can:

Enter New Claims (either Full or Alternate)
by clicking on the desired entry form

Create an Excel Spreadsheet of the
record already entered that are
contained on the screen

View finalized records previously entered
by clicking on the desired record

Health Insurance Claim Form (HCFA 1500) - Selection

View of Saved Records:
 Incomplete Finalized All

Create Excel Spreadsheet

Double Click a record to Review/Update or click New Claim button.

Type	Claim Id	Member ID	Patient Name	Date of Birth	SSN	Sex	Status	Last Updated
Alt	104	834928	MOUSE, MINNEY	1956-05-14	123-45-6789	M	Finalized	05/16/2013 17:11
Alt	90	MR - 124	SMITH, WILLIAM	1945-05-14	444-88-7777	M	Finalized	05/10/2013 15:04
Alt	91	MR - 124	SMITH, WILLIAM	1945-05-14	444-88-7777	M	Finalized	05/10/2013 15:04
Alt	92	MR - 125	BEAR, TED E	1992-09-24	333-77-4444	M	Finalized	05/10/2013 14:00
Alt	89	MR - 123	DOE, JANE	1965-06-14	333-22-1111	F	Finalized	05/10/2013 13:57
Full	81	23452345	TEST, ROBERT A	1963-05-16	123-55-6666	M	Finalized	05/16/2013 8:01
Full	143	16	TEST, TEST	2000-05-16	123-55-4444	F	Incomplete	05/01/2013 13:36

Count: 7

Full Claims Entry Form HCFA 1500

Full claims entry – HCFA 1500

**** FCDS TEST 1 DataBase ****

Physician File Window

Health Insurance Claim Form (HCFA 1500) - Insert WebPhysHICF1500New

PATIENT AND INSURED INFORMATION

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUPLAN FECA OTHER

2. Last Name First Name Middle Initial 3. Patient's Birth Date Sex M F

5. Address 8. Patient Status Single Married Other Patient's SSN

City State Zip Code 26. Medical Record #

14. Date of Current (ILLNESS OR INJURY) 15. First Date IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS

18. From Date HOSPITALIZATION DATES RELATED TO CURRENT SERVICES To Date

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY:

1: 2: 3: 4: 5: 6: 7: 8:

9: 10: 11: 12: 13: 14: 15: 16:

24.	From Date	To Date	Place	EMG	Proc CPT/HCPCS	Procedure Modifiers	Diagnosis Pointers (1,2,3,4)	D/Un	NPI
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select

Add Service Rows

32. Service Facility Location Information

a. NPI Entity

Add

City

State Zip

33. Billing Provider Information

a. NPI Entity

Add

City

State Zip

Status: *

Save as Incomplete Finalize and Submit

Done Internet | Protected Mode:

Completed HCFA1500 Form

The screenshot displays the FCDS IDEA software interface for editing an HCFA 1500 form. The form is titled "Health Insurance Claim Form (HCFA 1500) - Edit Record 1 of 1". The patient information includes: 1. MEDICAID (selected), 2. Last Name: TEST, First Name: ROBERT, Middle Initial: E, 3. Patient's Birth Date: 05/16/1963, Sex: M, 5. Address: 135 MAIN STREET, MIAMI, Florida, 33016, 8. Patient Status: Married, 26. Medical Record #: 321321321, 14. Date of Current (ILLNESS OR INJURY): 03/15/2013, 15. First Date, 18. From Date, To Date. The diagnosis section (21) shows a table with columns for From Date, To Date, Place, EMG, Proc CPT/HCPCS, Procedure Modifiers, Diagnosis Pointers (1,2,3,4), D/Un, and NPI. The first row shows: 03/15/2013, 04/15/2013, 11, 29871, 2, 1. The service facility location information (32) and billing provider information (33) both list: ONE HOPE UNITED- FLORIDA REGION, INC, 5405 DIPLOMAT CIR, ORLANDO, Florida, 328105620. The status indicator at the bottom left is circled in green and labeled "Status: Incomplete".

Status indicator – bottom left

- If you need more than 4 services, click 'Add Service Row' to create a new entry.
- Hold mouse Diagnosis or CPT/HCPCS for description.
- NPI drop down list only Physician's that the user has either registered or associated with
- Buttons:
 - 'Save as Incomplete' – to save data entered to finalize at a later date.
 - 'Finalize and Submit' – marks the record as complete and submits the completed claim to FCDS for processing.

Finalized Record

A "finalized record" will display in "View" only mode (no updating is allowed).

Physician File Window

Health Insurance Claim Form (HCFA 1500) - Edit Record 1 of 1

PATIENT AND INSURED INFORMATION

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUPLAN FECA OTHER

2. Last Name: TEST First Name: ROBERT Middle Initial: E

3. Patient's Birth Date: 05/16/1963 Sex: M F

5. Address: 135 MAIN STREET City: MIAMI State: Florida Zip Code: 33016

8. Patient Status: Single Married Other

1a. Insured I.D. Number: 23452345

26. Medical Record #: 321321321

14. Date of Current: 03/15/2013 15. First Date: IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS 18. From Date: HOSPITALIZATION DATES RELATED TO CURRENT SERVICES To Date:

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY:

1:	2:	3:	4:	5:	6:	7:	8:	9:	10:	11:	12:	13:	14:	15:	16:
V43.60	3832														

24. From Date	To Date	Place	EMG	Proc CPT/HCPCS	Procedure Modifiers	Diagnosis Pointers (1,2,3,4)	D/Un	NPI
03/15/2013	04/15/2013	11		29871		2	1	1013959741- DR. B
								Select
								Select
								Select

Add Service Rows

32. Service Facility Location Information

a. NPI: 1558487371 Entity: ONE HOPE UNITED- FLORIDA REGION, INC

Add: 5405 DIPLOMAT CIR

City: ORLANDO

State: Florida Zip: 328105620

33. Billing Provider Information

a. NPI: 1558487371 Entity: ONE HOPE UNITED- FLORIDA REGION, INC

Add: 5405 DIPLOMAT CIR

City: ORLANDO

State: Florida Zip: 328105620

Status: Incomplete

Save as Incomplete Finalize and Submit

To exit, click the 'X' in the top right corner.

Alternate Claims Entry

The Claims Entry Selection Screen

Health Insurance claim Form (HCFA 1500) - Selection

New Claim - Full
New Claim - Alternate

View of Saved Records:
 Incomplete Finalized All

Create Excel Spreadsheet

Double Click a record to Review/Update or click New Claim button.

Type	Claim ID	Member ID	Patient Name	Date of Birth	SSN	Sex	Status	Last Updated
Alt	104	834928	MOUSE, MINNEY	1956-05-14	123-45-6789	M	Finalized	05/16/2013 17:11
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Full	143	16	TEST, TEST	2000-05-16	123-55-4444	F	Incomplete	05/01/2013 13:36

Count: 7

Select New Claim - Alternate

Alternate Claim Entry Form

https://fcdsnew.med.miami.edu/?nocache=true - IDEA *FCDS* - Windows Internet Explorer

PATRICIA STEARNS FCDS IDEA 05/10/2013 15:29
**** FCDS TEST 1 DataBase ****

Physician File Window

Alternate Claims Reporting - Insert PhysRptEntry


Patient Information: NPI: 1023013497- DR. ANN E PHYSICIAN

Physician (NPI): 1023013497- DR. ANN E PHYSICIAN [Click i then the field for info](#)

Medical Record #: MR - 12334 Primary Payor at DX: Medicare

Last: SMITHE First: SANDY Middle:

Address: 123 MAIN STREET


Zip: 33016  City: HIALEAH

State: FL-Florida Telephone: (305)623-0000 [Copy Prev](#)

Date of Birth: 06/24/1953 Social Security #: 222-11-4444


Sex: Female Marital Status: Single

Cancer Information

Date of Cancer Diagnosis: 03/15/2013 Cancer Related Diagnosis: 182.8  MAL NEO BODY UTERUS NEC

Major Site: Corpus Uteri

Laterality: None



Histology (ICDO3): 

Summary Stage: In Situ Local Regional Distant Unknown

TNM: T: N: M:

Services (double click to edit)

Date of Service: CPT/HCPCS: Quantity: [Add Service](#)

(Delete)	Start Date	CPT/HCPCS	Qty
	03/15/13	99242	1
	03/15/13	J9015	5

[Save as Incomplete](#) [Finalize and Submit](#)

Alternate Claim Entry Form

This is a record in Entry Mode as signified in the screen title 'Alternate Claims Reporting – Insert'

To save as incomplete all of the Patient Information, the DX date and Diagnosis must be entered.

All fields in the blue box (Major Site, Laterality, Histology, Summary Stage and TMN) are optional and will reduce potential follow back on any unreported patient

Only FCDS Cancer Related Diagnosis are accepted.

To finalize the record, one service must be entered as well as the Patient Information, DX date and Diagnosis.

Alternate Claim Entry Form

https://fcdsnew.med.miami.edu/?nocache=true - IDEA *FCDS* - Windows Internet Explorer

PATRICIA STEARNS FCDS IDEA 05/10/2013 16:29
**** FCDS TEST 1 DataBase ****

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Patient Information: NPI: 1023013497- DR. ANN E PHYSICIAN

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Medical Record #: MR - 12334 Primary Payor at DX: Medicare

Last: SMITHE First: SANDY Middle:

Address: 123 MAIN STREET

Zip: 33016 City: HIALEAH

State: FL-Florida Telephone: (305)623-0000 **Copy Prev**

Date of Birth: 06/24/1953 Social Security #: 222-11-4444

Sex: Female Marital Status: Single

Cancer Information

Date of Cancer Diagnosis: 03/15/2013 Cancer Related Diagnosis: 182.8 MAL NEO BODY UTERUS NEC

Major Site: Corpus Uteri

Laterality: None

Histology (ICDO3):

Summary Stage: In Situ Local Regional Distant Unknown

TNM: T: N: M:

Services (double click to edit)

Date of Service: CPT/HCPCS: Quantity:

(Delete)	Start Date	CPT/HCPCS	Qty
<input type="checkbox"/>	03/15/13	99242	1
<input type="checkbox"/>	03/15/13	J9015	5

Add Service

Save as Incomplete **Finalize and Submit**

Pull down list

Search for appropriate response

Enter service information and click 'Add Service'

Alternate Claim Entry Form

https://fcdsnew.med.miami.edu/?nocache=true - IDEA *FCDS* - Windows Internet Explorer

PATRICIA STEARNS FCDS IDEA 05/10/2013 15:29
**** FCDS TEST 1 DataBase ****

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Physician (NPI): 1023013497- DR. ANN E PHYSICIAN [Click i then the field for info](#)

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Last: SMITHE First: SANDY Middle:

Address: 123 MAIN STREET

Zip: 33016 City: HIALEAH

State: FL-Florida Telephone: (305)623-0000 [Copy Prev](#)

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Major Site: Corpus Uteri

Laterality: None

Histology (ICDO3):

Summary Stage: In Situ Local Regional Distant Unknown

TNM: T: N: M:

Services (double click to edit)

Date of Service: CPT/HCPCS: Quantity: [Add Service](#)

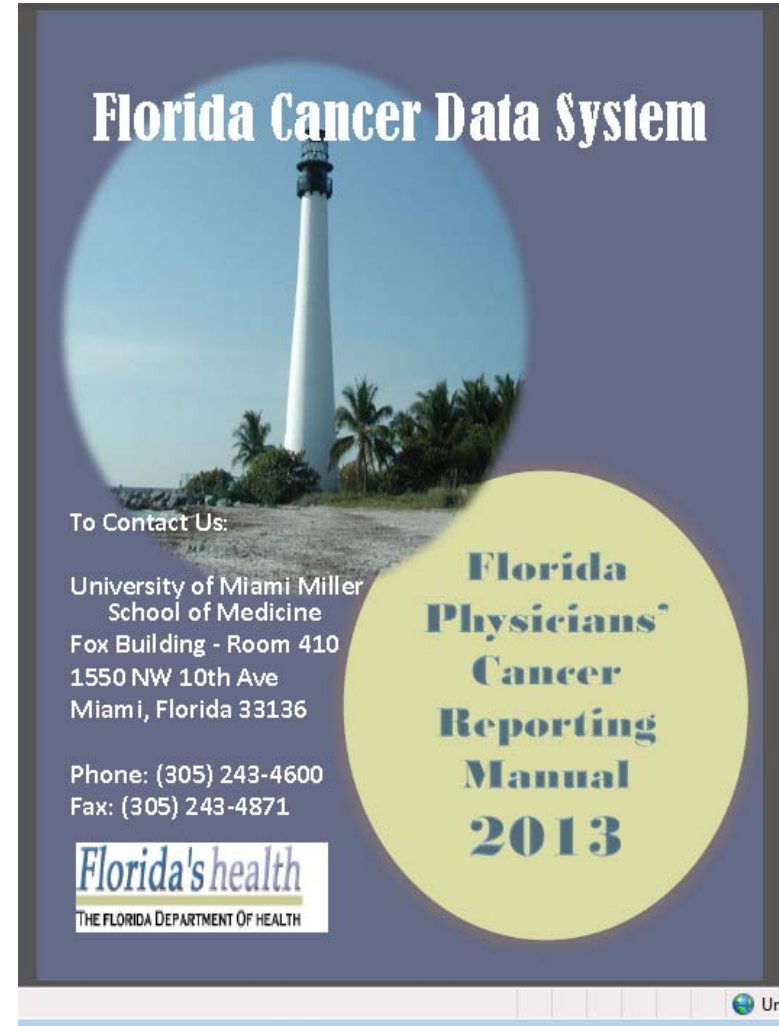
(Delete)	Start Date	CPT/HCPCS	Qty
	03/15/13	99242	1
	03/15/13	J9015	5

[Save as Incomplete](#) [Finalize and Submit](#)

Optional:
Reduce
potential
Follow back

Physician Cancer Reporting Manual

Download from FCDS
Web site



<http://fcds.med.miami.edu/inc/physicians.shtml>

When to report

- Submit a complete form (using either data entry form):
 - After the first patient visit
 - You only report a patient/tumor one time
- Please begin submitting data on patients seen in your office on or after June 1, 2013

Please Direct Questions to

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mthiry@med.miami.edu

Dr. Monique Hernandez

(305) 243 9673

mhernandez5@med.miami.edu