

The following interpretations were created by the Maine HelpDesk. If you need further assistance, please contact the Maine HelpDesk.

There are over 350 variables in over 80 built-in Clinical Fusion® reports. For a complete list of reports a variable may be in, please contact the Maine HelpDesk.

The following variable descriptions may include:

- what context the variable is used
- where the variable data is entered
- where to edit the default contents i.e. drop down lists
- HCFA box number the variable appears in, if applicable

Most information is presented in the form of an "address". The first part will tell you to begin in either Clinical Fusion (CF) or Clinical Fusion Administration (CFAdmin). Each subsequent step is divided by a "/". You may have to contact your Systems Administrator for access to CFAdmin to edit content.

Accept Assignment Flag*HCFA Box* 27

Description CFAdmin/ Program / Billing Defaults tab/ check box; this box indicates who is to receive payment.
"Yes" indicates payment should go to the provider shown in Box 33.
"No" indicates payment should go to the patient.

Access Date*HCFA Box*

Description The system date that the data was viewed, modified (entered, printed, or exported). Required for HIPAA auditing.

Access Time*HCFA Box*

Description The system time that the data was viewed, modified (entered), printed, or exported. Required for HIPAA auditing.

Access Type*HCFA Box*

Description The method used to work with the Clinical Fusion data. The options are viewed, modified, printed, or exported. Required for HIPAA auditing.

Activity Name*HCFA Box*

Description CF/ Group Module/ Group Health Education tab/ Group Properties tab/ Intervention dropdown. Required for HIPAA auditing.

Activity Type*HCFA Box*

Description CF/ Group Module/ Health Screening tab/ Group Properties/ Screening dropdown. Required for HIPAA auditing.

Address (Full)*HCFA Box*

Description CF/ Registration form/ Demographics tab/ Address tab; shows each address of a student, past and current. Current is checked for most recent address.

Address [Full Current]*HCFA Box*

Description CF/ Registration form/ Demographics tab/ Address side tab/ Current is checked for most recent address. Shows current address of a student.

Address Begin Date*HCFA Box*

Description CF/ Registration form/ Demographics tab/ Address side tab/ Dates: From/To. Shows first date of student's address. Works best with [Address (Full)].

Address End Date*HCFA Box*

Description CF/ Registration form/ Demographics tab/ Address side tab/ Dates: From/To. Shows end date of student's address. Works best with [Address (Full)].

Address Line 1*HCFA Box 5*

Description CF/ Registration form/ Demographics tab/ Address side tab. Shows first line of a student's address.

Address Line 2*HCFA Box*

Description CF/ Registration form/ Demographics tab/ Address side tab. Shows second line of a student's address.

Address Type*HCFA Box*

Description CF/ Registration form/ Demographics tab/ Addresses tab/ Type drop-down. Shows type of address i.e. mailing, billing, work.

Age Months*HCFA Box*

Description CF/ Registration form/ Demographics tab/ Date of Birth. Age in months to date.

Age Months (at Contact)*HCFA Box*

Description CF/ Registration form/ Demographics tab/ Date of Birth. Age in months at time of contact.

Age Months (at Measurement)*HCFA Box*

Description CF/ Registration form/ Demographics tab/ Date of Birth. Age in months at time of Measurement entered through a Contact Template or History activity.

Age Months (at Service)*HCFA Box*

Description CF/ Registration form/ Demographics tab/ Date of Birth. Age in months at time of Procedure.

Age Years*HCFA Box*

Description CF/ Registration form/ Demographics tab/ Date of Birth. Age in years to date.

Age Years (at Contact)*HCFA Box*

Description CF/ Registration form/ Demographics tab/ Date of Birth. Age in years at time of contact.

Age Years (at Measurement)*HCFA Box*

Description CF/ Registration form/ Demographics tab/ Date of Birth. Age in years at time of Measurement entered though a Contact Template or History activity.

Age Years (at Service)*HCFA Box*

Description CF/ Registration form/ Demographics tab/ Date of Birth. Age in years at time of Procedure.

Age Years and Months*HCFA Box*

Description Age in years and months to date.

Age Years and Months (at Contact)*HCFA Box*

Description Age in years and months at time of contact.

Age Years and Months (at Measurement)*HCFA Box*

Description Age in years and months at time of Measurement.

Age Years and Months (at Service)*HCFA Box*

Description CF/ Registration form/ Demographics tab/ Date of Birth. Age in years and months at time of Procedure.

Alert Name*HCFA Box*

Description CFAdmin/ Alerts button/ Properties tab. User defined name of Alert. Students with an Active Alert have a double asterisk in front of their name on the Search Screen.

AlertDefId*HCFA Box*

Description A unique number generated automatically by CF assigned to an Alert.

AlertId*HCFA Box*

Description Auto number assigned to each Alert occurrence within Alert Name

Answer Note*HCFA Box*

Description CF/ Contact Template/ Subjective or Objective tabs/ Notes field to the right of the assessment question. User defined default notes: CFAdmin/ Contact Templates button/ click on desired template/ Properties button/ Subjective Questions or Objective Questions button/ open desired folder, click on desired assessment question/ click Question Order button/ Default Notes text box.

Area*HCFA Box*

Description The area of Clinical Fusion that a user has gained access to. This could be specific tabs within registration, contacts, history, or ticklers, It can also be report titles of reports that a user has previewed, printed or exported. Required for HIPAA auditing.

Assessment Format*HCFA Box*

Description CF/ Contact Template; Custom, Is Problem, Medical, Physical Exam. Is Problem=Subjective format (Major, Minor, Not a Problem), Medical=Medical Visit template, Physical Exam=Objective format (Abnormal/Normal), Custom=user defined i.e. check box, text box, drop-down.

Assessment Type*HCFA Box*

Description CF/ Contact template/ the assessment type of question is either Subjective, Objective, or Custom.

Attending*HCFA Box*

Description CF/ Contact template/ General tab/ Attending Staff Person drop-down. SBHC Staff Member providing service to student during a contact. To edit list: CFAdmin/ Providers/ Provider Status tab/ Staff Member box is/not checked.

Attending Type*HCFA Box*

Description CFAdmin/ Providers/ Name & Address tab/ Type drop-down. SBHC Staff Member providing service to student during a contact, such as: Nurse Practitioner, Physician. To edit list: CFAdmin/ Elements Tables/ Provider Type.

Billable*HCFA Box*

Description CFAdmin/ select a contact template/ Closure tab/ Billable check box. This check box will default the contact template Billable when used. This method will not alter the Quick Contact template.

Billable Flag*HCFA Box*

Description Unknown; ? Billing/ HCFA 1500 forms/ Select Contacts tab/ Include check box

Birth date*HCFA Box 3*

Description CF/ Registration form/ Demographics tab/ Birthdate field; Student's Date of Birth

Birth Month*HCFA Box*

Description Student's Month of Birth

| | |
|------------------------|--|
| Birth Year | <i>HCFA Box</i> |
| <i>Description</i> | Student's Year of Birth |
| BMI | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact template/ Objective tab/ Measurement Category. Body Mass Index. When height and weight are entered, CF automatically provides the student's BMI. History activity button/ Measurement tab will provide a history of the student's BMIs. |
| Category Name | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact template/ Subjective and Objective tabs/ Categories are in the left hand column. Category Name is the folder name of grouped Assessment Questions. i.e. "Risk Factors" is a group of questions. To edit: CFAdmin/ Contact Templates/ any template/ Subjective tab/ Questions button - Caution: when you change risk assessments, you change it for all contact templates. |
| Characteristic | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Registration Form/ Other tab; A list of Possible Characteristics is provided, move from the left column to the right as it applies to that student; to edit: CFAdmin/ Element Tables/ Characteristic provides the list; to default: CF/ Tools/ Options/ Entry Defaults/ Characteristics |
| Charge | <i>HCFA Box</i> 24F |
| <i>Description</i> | CFAdmin/ Procedure Codes/ Charge (flat rate) or / Insurance Charges tab/ Insurance Carrier and Charge |
| Chief Complaint | <i>HCFA Box</i> |
| <i>Description</i> | Text field provided on every Contact Template. |
| City | <i>HCFA Box</i> 2 |
| <i>Description</i> | CF/ Registration Form/ Demographics tab/ Address side tab; select from drop-down, type directly into the field; to edit: CFAdmin/ Element Tables/ City |
| City State Zip | <i>HCFA Box</i> |
| <i>Description</i> | Provides a "string" of the student's address for reports and labels |
| Comment | <i>HCFA Box</i> |
| <i>Description</i> | A memo field allowing the user to explain the purpose of a report run within Report Manager and who the report is for. Required for HIPAA auditing. |

Comment (Group)*HCFA Box*

Description CF/ Group Module/ Group Properties tab; A text field.

Completion Date*HCFA Box*

Description CF/ Contact template/ Plan tab/ Tickler tab/ New Tickler or Properties button for existing Tickler/ When tab; Date a Tickler is Completed. May edit existing tickler from the Flw Up Activities button at the top of the screen.

Confidential*HCFA Box*

Description Check box on every Contact Template; usually signifying pregnancy or STD confidentiality according to HIPAA regulations

Confidential Flag*HCFA Box*

Description ?

Contact Comment*HCFA Box*

Description CF/ Registration Form/ Contact Numbers tab - text box provided for Parent/Guardian

Contact Date*HCFA Box*

Description Date field on every Contact Template; defaults to "today's" date

Contact First Name*HCFA Box*

Description CF/ Registration form/ Contact Numbers tab; student's parent/guardian first name on the Registration Form/ Contact Numbers

Contact Last Name*HCFA Box*

Description CF/ Registration form/ Contact Numbers tab; student's parent/guardian last name on the Registration Form/ Contact Numbers

Contact Month*HCFA Box*

Description Date field on every Contact Template; Month Only

Contact Phone Extension (Primary)*HCFA Box*

Description CF/ Registration form/ Contact Numbers tab; student's parent/guardian extension for first phone number given

Contact Phone Extension (Secondary)*HCFA Box*

Description CF/ Registration form/ Contact Numbers tab; student's parent/guardian extension for second phone number given

Contact Phone Number (Primary)*HCFA Box*

Description CF/ Registration form/ Contact Numbers tab; student's parent/guardian first phone number given

Contact Phone Number (Secondary)*HCFA Box*

Description CF/ Registration form/ Contact Numbers tab; student's parent/guardian second phone number given

Contact Phone Number Type (Primary)*HCFA Box*

Description CF/ Registration form/ Contact Numbers tab; student's parent/guardian first phone number given; home/work/other

Contact Phone Number Type (Secondary)*HCFA Box*

Description CF/ Registration form/ Contact Numbers tab; student's parent/guardian second phone number given; home/work/other

Contact Privacy Comment*HCFA Box*

Description Contact Template/ Closure tab/ text box

Contact Relationship*HCFA Box*

Description CF/ Registration form/ Contact Numbers tab/ Relationship drop-down. Relationship to student i.e. Mother, Father, Step Father; to edit: CFAdmin/ Element Tables/ Relationship

Contact Year*HCFA Box*

Description Date field on every Contact Template; Year Only

Control Type*HCFA Box*

Description ?

Copay*HCFA Box*

Description CFAdmin/ Insurance Carriers/ Plans/ Person Copayment/ type in \$ (flat) or % value; This can be viewed from CF/Registration form/ Insurance tab - when covered by insurance" is NOT checked

Copay Percent*HCFA Box*

Description Represented in a report as True/False value; True if Copay is set to percentage in CF Admin, False if flat \$ rate or left empty (see Copay)

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|--------------------------------|--|--------------------|
| Country | | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Registration form/ Demographics tab/ Addresses side tab; to edit: CFAdmin/ Element Tables/ Country | |
| County | | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Registration form/ Demographics tab/ Addresses side tab; can update/change list from CFAdmin/ Element Tables/ County | |
| Current Address Flag | | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Registration form/ Demographics tab/ Addresses side tab/ Current check box (addresses should not be deleted, fill in Dates From/To then NEW address) | |
| Current School Flag | | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Registration form/ Supplementary tab/ School side tab/ Current check box | |
| Date | | <i>HCFA Box</i> |
| <i>Description</i> | Date of contact where a Subjective Assessment is done | |
| Date Contact Signed | | <i>HCFA Box</i> 31 |
| <i>Description</i> | Contact Template (other than Quick Contact)/ Closure tab/ select Signed from the drop down; date defaults to "today's" date | |
| Date Last Found | | <i>HCFA Box</i> |
| <i>Description</i> | Most recent date criteria for Alert is found (Tools menu/ Calculate Alerts prior to running Alert reports) | |
| Date of Hospitalization | | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact template/ Problem List tab/ Problem Properties; hospitalization for specific problem; only one (most recent) date is reported on | |
| Date Overridden | | <i>HCFA Box</i> |
| <i>Description</i> | Unknown; something to do with | |
| Date Resolved | | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact template/ Problem Properties/ Resolution Status/ defaults to "today's" date | |

| | | |
|-------------------------------------|--|---------------------------|
| Degrees | | <i>HCFA Box</i> 31 |
| <i>Description</i> | CFAdmin/ Providers/ Name & Address tab/ Degree(s) text field | |
| DiagCode1 | | <i>HCFA Box</i> |
| <i>Description</i> | ? | |
| DiagCode2 | | <i>HCFA Box</i> |
| <i>Description</i> | ? | |
| DiagCode3 | | <i>HCFA Box</i> |
| <i>Description</i> | ? | |
| DiagCode4 | | <i>HCFA Box</i> |
| <i>Description</i> | ? | |
| Diagnosis | | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact Templates; to update/add to: CFAdmin/ Diagnosis Codes/ use ICD9 book to fill in all fields | |
| Diagnosis (Primary) | | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact Templates/ Primary check box (Diagnosis/Diagnosis Code/Diagnosis Group) | |
| Diagnosis and Code | | <i>HCFA Box</i> |
| <i>Description</i> | Reports on Diagnosis and Code together | |
| Diagnosis and Code (Primary) | | <i>HCFA Box</i> |
| <i>Description</i> | Reports on Diagnosis and Code together | |
| Diagnosis Code | | <i>HCFA Box</i> 21 #s 2-4 |
| <i>Description</i> | CF/ Contact Templates; to edit: CFAdmin/ Diagnosis Codes/ use ICD9 book to fill in all fields | |
| Diagnosis Code (Primary) | | <i>HCFA Box</i> 21 #1 |
| <i>Description</i> | CF/ Contact Templates/ Primary check box (Diagnosis/Diagnosis Code/Diagnosis Group) | |

Diagnosis Code Type (Primary)*HCFA Box*

Description CFAdmin/ Diagnosis Codes button/ Code Type drop down; ICD9 and DSM4 (Primary is automatically grouped with Diagnosis/Diagnosis Code/Diagnosis Group) to edit: CFAdmin/ Element Tables/ Diagnosis Code Type

Diagnosis Group*HCFA Box*

Description Category group for diagnosis

Diagnosis Group (Primary)*HCFA Box*

Description Contact Templates/ Primary check box (Diagnosis/Diagnosis Code/Diagnosis Group)

Diagnosis Rank*HCFA Box*

Description CF/ Contact Templates/ Plan tab/ Diagnosis tab/ select diagnosis/ Properties drop down-choose the ranking priority of the diagnosis i.e. 1st -8th

Diagnosis Type*HCFA Box*

Description CFAdmin/ Diagnosis Codes button/ Code Type drop down; ICD9 and DSM4; to edit: CFAdmin/ Element Tables/ Diagnosis Code Type

Diastolic*HCFA Box*

Description CF/ Contact template with Objective tab and Vital Signs included; Blood pressure: minimum arterial pressure

Disposition*HCFA Box*

Description CF/ Contact template/ Closure tab; student's discharge from appointment i.e sent back to class; to edit: CFAdmin/ Elements Table/ Disposition

Domain*HCFA Box*

Description CFAdmin/ Providers/ Service Domain tab - move domain (service group) from left box to right box; to edit: CFAdmin/ Element Tables/ Provider Service Domain

Duration of Hospitalization*HCFA Box*

Description CF/ Contact template/ Problem List tab/ Problem Properties; hospitalization for specific problem; only one (most recent) date may be viewed in a report; to edit: CFAdmin/ Element Tables/ Hospital Duration

Duration of Intervention*HCFA Box*

Description CF/ Group Module/ Health Education tab/ Group Properties tab/ Length field - enter time in minutes

Effective Date*HCFA Box*

Description CF/ Registration form/ Insurance tab/ Plan side tab - Beginning date of insurance coverage

Emergency Access*HCFA Box*

Description True/False value stating if a user was under "Emergency Access" mode while working with the specified data. 'True' signifies emergency access, and 'False' signifies regular access. Required for HIPAA auditing.

Emergency Contact Flag*HCFA Box*

Description CF/ Registration form/ Contact Numbers tab/ Emergency Contact check box; there can be more than one Emergency Contact

Employed Flag*HCFA Box 8*

Description CF/ Registration Form/ Supplementary tab/ checkbox - if student is employed

Employer*HCFA Box*

Description See Insured's Employer; Removed in last update: CF/ Registration form/ Insurance tab/ Employment side tab - student or parent/guardian employer providing insurance; Primary flag NOT checked on Plan side tab

Employer Address Line 1*HCFA Box*

Description CF/ Registration form/ Insurance tab/ Employment side tab - student or parent/guardian employer providing insurance; Primary flag NOT checked on Plan side tab

Employer Address Line 2*HCFA Box*

Description CF/ Registration form/ Insurance tab/ Employment side tab - student or parent/guardian employer providing insurance; Primary flag NOT checked on Plan side tab

Employer City*HCFA Box*

Description CF/ Registration form/ Insurance tab/ Employment side tab - student or parent/guardian employer providing insurance; Primary flag NOT checked on Plan side tab

Employer Extension*HCFA Box*

Description CF/ Registration form/ Insurance tab/ Employment side tab - student or parent/guardian employer providing insurance; Primary flag NOT checked on Plan side tab

Employer Phone Number*HCFA Box*

Description CF/ Registration form/ Insurance tab/ Employment side tab - student or parent/guardian employer providing insurance; Primary flag NOT checked on Plan side tab

Employer State*HCFA Box*

Description CF/ Registration form/ Insurance tab/ Employment side tab - student or parent/guardian employer providing insurance; Primary flag NOT checked on Plan side tab

Employer Zip*HCFA Box*

Description CF/ Registration form/ Insurance tab/ Employment side tab - student or parent/guardian employer providing insurance; Primary flag NOT checked on Plan side tab

End Date*HCFA Box*

Description CF/Registration form/ Supplementary tab/ School side tab - school end date for that grade or left the school

EndExport*HCFA Box*

Description Unknown

Entity Name*HCFA Box*

Description Student/staff Last name, First Name, Id. Required for HIPAA auditing.

EntityId*HCFA Box*

Description A unique ID number generated automatically by Clinical Fusion for the entity name. Required for HIPAA auditing.

Entry Date*HCFA Box*

Description Unknown

Entry User*HCFA Box*

Description Unknown

Ethnicity *HCFA Box*
Description CF/Registration form/ Supplementary tab/ in Maine only use Hispanic or Non Hispanic only

Extension *HCFA Box*
Description CF/Registration form/ Contact Numbers tab/ phone number extension

External Provider Flag *HCFA Box*
Description CFAdmin/ Providers/ Provider Status/ check box; True/ False value

FamilyHistoryId *HCFA Box*
Description An auto-number assigned to Family History entries. It does not matter which student, it numbers by order they are entered.

First *HCFA Box*
Description CF/Registration form/ Demographics tab; Student's first name

Followup Priority *HCFA Box*
Description CF/Tickler feature/ When tab; to edit: CFAdmin/ Element Tables/ Priority Status

GenericId *HCFA Box*
Description Unknown

Grade *HCFA Box*
Description CF/Registration form/ Supplementary tab/ School side tab; can be any grade, no just current; to edit list (except 1-12): CFAdmin/ Element Tables/ Grade

Grade (Current) *HCFA Box*
Description CF/Registration form/ Supplementary tab/ School side tab; Current box checked; to edit list (except 1-12): CFAdmin/ Element Tables/ Grade

Grade Attending *HCFA Box*
Description CF/ Group Health Education template/ Group Properties tab/ whole grades attending educational event

Grade Comment *HCFA Box*
Description Unknown

| | |
|-----------------------------|---|
| HeadCirc | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact template w/ Objective tab/ Measurement category; primarily used for subPrimary children; to have H&W w/o HeadCir: CF/Tools menu/ Options/ Data Entry Defaults/ Misc/ uncheck head circumference |
| HeadCirc (cm) | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact template w/ Objective tab/ Measurement category; primarily used for subPrimary children; to have H&W without HeadCir: CF/Tools menu/ Options/ Data Entry Defaults/ Misc/ uncheck head circumference |
| HeadCirc (in) | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact template w/ Objective tab/ Measurement category; primarily used for subPrimary children; to have H&W w/o HeadCir: CF/Tools menu/ Options/ Data Entry Defaults/ Misc/ uncheck head circumference |
| Height | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact template w/ Objective tab/ Measurement category |
| Height (cm) | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact template w/ Objective tab/ Measurement category |
| Height (in) | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact template w/ Objective tab/ Measurement category |
| History Condition | <i>HCFA Box</i> |
| <i>Description</i> | CF/Person Module/ History Activity/ Family History tab/ uses Problem List drop down of choices |
| Hospitalization Flag | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact template/ Problem List tab/ Problem Properties; hospitalization for specific problem check box |
| Housing Status | <i>HCFA Box</i> |
| <i>Description</i> | CF/Registration form/ Supplementary tab; to edit list: CFAdmin/ Element Tables/ Housing Status |
| Immunization | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact template/ Plan tab/ Test/Orders tab/ Show Category drop down/ Immunizations; To edit list: CFAdmin/ Procedure Codes - use CPT book for accurate setup |

Immunization Sequence Number*HCFA Box*

Description CF/ Contact template/ Plan tab/ Test/Orders tab/ Show Category drop down/ Immunizations; choose an immunization in order to see the choice for sequence number

Immunization Site*HCFA Box*

Description CF/ Contact template/ Plan tab/ Test/Orders tab/ Show Category drop down/ Immunizations; choose an immunization in order to see the choice for site; to edit: CFAdmin/ Element Tables/Vaccine Site

Immunization Site (Group)*HCFA Box*

Description CF/ Group Module/ Immunization tab/ Group Properties tab/Site dropdown; to edit: CFAdmin/ Element Tables/Vaccine Site

InsCarrierId*HCFA Box*

Description CFAdmin/ Insurance Carriers/ Name & Address tab/ Identifier field

Insurance Carrier*HCFA Box*

Description CFAdmin/ Insurance Carriers/ Name & Address tab/ Name field; CF/Registration form/ Insurance tab/ Insurance Company dropdown

Insurance Carrier (Primary)*HCFA Box*

Description CFAdmin/ Insurance Carriers/ Name & Address tab/ Name field; CF/Registration form/ Insurance tab/ Primary checkbox

Insurance Carrier and Plan*HCFA Box*

Description x

Insurance Carrier and Plan (Primary)*HCFA Box*

Description x

Insurance Carrier Id*HCFA Box*

Description CFAdmin/ Insurance Carriers/ Name and Address tab/ Identifier

Insurance Carrier Id (Primary)*HCFA Box*

Description CFAdmin/ Insurance Carriers/ Name and Address tab/ Identifier/ Primary checkbox

Insurance Plan (Primary)*HCFA Box*

Description CFAdmin/ Insurance Carriers/ Plans button (on right); CF/Registration form/ Insurance tab/ Plans side tab/ Plan dropdown; Primary checkbox

Insurance Plan Name *HCFA Box* 11c
Description CFAdmin/ Insurance Carriers/ Plans button (on right); CF/Registration form/ Insurance tab/ Plans side tab/ Plan dropdown

Insurance Plan Type (Primary) *HCFA Box* 9d
Description CFAdmin/ Insurance Carriers/ Plans button (on right)/ Type dropdown; to edit: CFAdmin/ Element Tables/ Insurance Type

Insured's Address Line 1 *HCFA Box* 7
Description CF/ Registration Form/ Insurance tab/ Insured side tab

Insured's Address Line 2 *HCFA Box*
Description CF/ Registration Form/ Insurance tab/ Insured side tab

Insured's Birth Date *HCFA Box* 11a, 9b
Description CF/ Registration Form/ Insurance tab/ Insured side tab

Insured's City *HCFA Box* 7
Description CF/ Registration Form/ Insurance tab/ Insured side tab

Insured's Employer *HCFA Box* 11b, 9c
Description CF/ Registration Form/ Insurance tab/ Employer side tab; student or parent/guardian employer providing insurance; Primary box checked on Plan side tab

Insured's First Name *HCFA Box* 4, 9
Description CF/ Registration Form/ Insurance tab/ Insured side tab

Insured's Group Plan Number *HCFA Box* 11, 9a
Description CF/ Registration Form/ Insurance tab/ Insured side tab

Insured's Id Number *HCFA Box* 1a, 9a
Description CF/ Registration Form/ Insurance tab/ Insured side tab

Insured's Last Name *HCFA Box* 4
Description CF/ Registration Form/ Insurance tab/ Insured side tab

Insured's Middle Name *HCFA Box* 4
Description CF/ Registration Form/ Insurance tab/ Insured side tab

Insured's Phone Extension*HCFA Box**Description* CF/ Registration Form/ Insurance tab/ Insured side tab**Insured's Phone Number***HCFA Box 7**Description* CF/ Registration Form/ Insurance tab/ Insured side tab**Insured's Sex***HCFA Box 11a, 9b**Description* CF/ Registration Form/ Insurance tab/ Insured side tab**Insured's State***HCFA Box 7**Description* CF/ Registration Form/ Insurance tab/ Insured side tab**Insured's Zip***HCFA Box 7**Description* CF/ Registration Form/ Insurance tab/ Insured side tab**Lab Result***HCFA Box**Description* CF/ Contact template/ Plan tab/ Tests/Orders tab/ Category "Lab" dropdown - once a lab is chosen, a dropdown choice for Results will appear; also Followup Activity/ Lab Tests tab/ Properties button/ Result dropdown; to edit list: CFAdmin/ Element Tables/ Lab Results; to set up a Lab Tests: CFAdmin/ Procedure Codes - use CPT book to set up**Last***HCFA Box**Description* CF/Registration form/ Demographics tab; Student's last name**LastUpdatedDate***HCFA Box**Description* Last date an action (i.e. contact, tickler, lab, etc) is updated/ altered; this is an automatic function**Location***HCFA Box**Description* Group Module/ any Group Activity/ Group Properties tab/ Location dropdown; to edit: CFAdmin/ Programs/ Site button/ name of SBHC site**Location of Contact***HCFA Box**Description* Contact template/ Closure tab/ Location dropdown; "Location of Service" is automatically assigned the same as "Location of Contact" within a Contact Template

Location of Service*HCFA Box*

Description CFAdmin/ Programs/ Site button/ name of site; "Location of Service" is automatically assigned the same as Location of Contact within a Contact Template - Location of Service singularly applies when, for example, adding a new lab order from the Followup Activity; to edit: CFAdmin/ Programs/ Site button/ name of site;

Marital Status*HCFA Box 8*

Description CF/ Registration form/ Supplementary tab/ (defaults to Full-Time Student)

MeasureId*HCFA Box*

Description An auto-number assigned to Measurement entries. It does not matter which student or contact, it numbers by order they are entered.

Measurement Date*HCFA Box*

Description Either the date of Contact (template with Objective tab and Measurement subCategory) or a new measurement entered from the History activity/ Measurements tab

Medicaid*HCFA Box 33*

Description GRP# on HCFA 1500 billing form; to edit: CFAdmin/ Program/ Numbers tab

Medicaid Number*HCFA Box*

Description Unknown context

Medication*HCFA Box*

Description CF/Contact template/ Plan tab/ Medication tab; to edit: CFAdmin/ Medications button -- fill in all fields

Medication Chronic Flag*HCFA Box*

Description CF/Contact template/ Plan tab/ Medication tab/ Chronic checkbox; a medication must be chosen for the option to appear

Medication Days*HCFA Box*

Description CF/Contact template/ Plan tab/ Medication tab; a medication must be chosen for the option to appear

Medication Dose*HCFA Box*

Description CF/Contact template/ Plan tab/ Medication tab; a medication must be chosen for the option to appear

Medication Dose Per Day*HCFA Box*

Description CF/Contact template/ Plan tab/ Medication tab; a medication must be chosen for the option to appear

Medication Dose Units*HCFA Box*

Description CF/Contact template/ Plan tab/ Medication tab; a medication must be chosen for the option to appear

Medication Refills*HCFA Box*

Description CF/Contact template/ Plan tab/ Medication tab; a medication must be chosen for the option to appear

MedicationCategory*HCFA Box*

Description CFAdmin/ Medications button/ Categories tab; to edit: CFAdmin/ Element Tables/ Medication Category

Middle*HCFA Box*

Description CF/ Registration form/ Demographics tab; student's middle name or initial

Modifier1*HCFA Box* 24D

Description CF/ Contact Templates/ Closure tab/ Assoc. Diagnosis button; select modifiers from the drop-down on the left for the procedure on the right; to edit Modifier list: CFAdmin/ Element Tables/ Procedure Code Modifiers

Modifier2*HCFA Box* 24D

Description CF/ Contact Templates/ Closure tab/ Assoc. Diagnosis button; select modifiers from the drop-down on the left for the procedure on the right; to edit Modifier list: CFAdmin/ Element Tables/ Procedure Code Modifiers

Modifier3*HCFA Box* 24D

Description CF/ Contact Templates/ Closure tab/ Assoc. Diagnosis button; select modifiers from the drop-down on the left for the procedure on the right; to edit Modifier list: CFAdmin/ Element Tables/ Procedure Code Modifiers

Modifier4*HCFA Box* 24D

Description CF/ Contact Templates/ Closure tab/ Assoc. Diagnosis button; select modifiers from the drop-down on the left for the procedure on the right; to edit Modifier list: CFAdmin/ Element Tables/ Procedure Code Modifiers

Module*HCFA Box*

Description The modules include 'Person', 'Staff', 'Group', or 'Reports'. Required for HIPAA auditing.

Month *HCFA Box*
Description CF/ Group module/ a group template/ Group properties tab/ Date; Month of any Group activity

Name (First Last) *HCFA Box*
Description CF/ Registration Form/ Demographics tab; "string" combining student's first and last name

Name (Last First Id) *HCFA Box*
Description CF/ Registration Form/ Demographics tab; "string" combining student's first, last name, and ID

Name (Last First) *HCFA Box 2*
Description CF/ Registration Form/ Demographics tab; "string" combining student's last name then first

Non-Insured Charge Flat Rate *HCFA Box*
Description CF/ Registration form/ Insurance tab/ check Flat Rate check box; the check box for 'Person is covered by insurance' must be unchecked

Non-Insured Charge Percent *HCFA Box*
Description CF/ Registration form/ Insurance tab/ check Charge Percent check box; the check box for 'Person is covered by insurance' must be unchecked

Number Comment *HCFA Box*
Description CF/ Registration form/ Contact Numbers tab/ add a Comment for a phone number

Number of Contacts *HCFA Box*
Description Adds total number of contacts for a student in CF; displays the total - will not display number of contacts within a date range

Number of Persons Attending *HCFA Box*
Description CF/ Group Module/ Health Education activity/ Group Properties tab/ Number in health education activity

Onset Age *HCFA Box*
Description CF/ Person Module/ History activity/ Onset Age of relative's condition

Other Measurement*HCFA Box*

Description CF/ Group Module/ Group Health Screenings activity/ Student Properties tab/ Vision, Hearing, Hemotacrit, or user defined; to edit: CFAdmin/ Screening Codes button

Overridden*HCFA Box*

Description CF/ Person Module/ History activity/ Alters tab/ Override button; True/False results -- may be Activated after an override

Override Comment*HCFA Box*

Description CF/ Person Module/ History activity/ Alters tab/ Override button will automatically provide a comment box; will only display the last comment written

Person Has Insurance Plan*HCFA Box*

Description CF/ Registration form/ Insurance tab/ checkbox

Phone Number (Primary)*HCFA Box 2*

Description CF/ Registration form/ Demographics tab/ Phone side tab/ Primary checkbox has been checked -- this is number to reach the student

Phone Number Type*HCFA Box*

Description CF/ Registration form/ Contact Numbers tab/ Type drop down (Home, Work, Other)

Phone Type*HCFA Box*

Description CF/ Registration form/ Demographics tab/ Phone side tab/ Type drop down (Home, Work, Other)

Plan Type*HCFA Box*

Description CFAdmin/ Insurance Carriers/ Plan button/ Type drop-down; CF/Registration form/ Insurance tab/ Insurance Company dropdown; to edit list: CFAdmin/ Element Tables/ Insurance Type

PlanAddressId*HCFA Box*

Description Default of No Insurance = -1/ False

PlanCode*HCFA Box*

Description Unknown

Post-intervention Score*HCFA Box*

Description CF/ Group Module/ Health Education Activity/ Student Properties tab/ student's individual Post test score

Post-Intervention Score (Group)*HCFA Box*

Description CF/ Group Module/ Health Education Activity/ Student Properties tab/ group's standard Post test score -- may be changed on Student Properties tab for individual student score

Preferred Language*HCFA Box*

Description CF/ Registration form/ Supplementary tab/ Preferred Language; to edit list: CFAdmin/ Element Tables/ Language

Pre-intervention Score*HCFA Box*

Description CF/ Group Module/ Health Education Activity/ Student Properties tab/ student's individual Pretest score

Pre-intervention Score (Group)*HCFA Box*

Description CF/ Group Module/ Health Education Activity/ Student Properties tab/ group's standard Pretest score -- may be changed on Student Properties tab for individual student score

Prescription Flag*HCFA Box*

Description CF/ Contact template/ Plan tab/ Medications tab/ after choosing a medication -- Dispensed checkbox

Presenter*HCFA Box*

Description CF/ Group Module/ Health Education Activity/ Presenter tab; to edit list: CFAdmin/ Element Tables/ Health Ed Presenter

Presenter Comment*HCFA Box*

Description CF/ Group Module/ Health Education Activity/ Presenter tab/ Additional Information text box

Primary Answer or Assessed Flag*HCFA Box*

Description CF/ Contact template/ Subjective or Objective tab/ Assessed checkbox

Primary Flag*HCFA Box*

Description CF/ Contact template/ Plan tab/ Diagnosis tab/ select diagnosis -- the first diagnosis selected defaults to Primary, to change click on diagnosis selected in the Plan Summary, un/check the Primary checkbox

Primary Insurance Plan Flag*HCFA Box*

Description CF/ Registration form/ Insurance tab/ Primary check box -- a student may be covered by more than one insurance

Primary Phone Flag*HCFA Box*

Description CF/ Registration form/ Demographics tab/ Phone side tab/ Primary checkbox; True/False value -- this is number to reach the student

Primary Provider*HCFA Box*

Description CF/ Registration form/ Supplementary tab/ student's provider may be added here via <Add to list> or CFAdmin/ Providers button; make sure to check External / Internal or both on the Provider Status tab

Problem*HCFA Box*

Description CF/ Contact template/ Problem List tab; may add new problem from Contact template or CFAdmin/ Problem Codes button, fill in all fields; if a specific Problem is not showing up in a report's Custom Criteria drop down list, the problem has not been selected for any student

Problem Date*HCFA Box*

Description CF/ Contact template/ Problem List tab/ click on a problem or add new/ Properties/ Discovery Date

Problem Description*HCFA Box*

Description CF/ Contact template/ Problem List tab/click on a problem or add new/ Properties/ Additional Description text box

Problem Number*HCFA Box*

Description A unique ID number generated automatically by Clinical Fusion for each problem added per student; there will be a gap in the sequence of numbers if a problem has been deleted

Problem Onset Date*HCFA Box*

Description CF/ Contact template/ Problem List tab/ click on a problem or add new/ Properties/ Problem Onset Date; when updating an existing Problem such as Biennial Physical Exam through the History activity, only the most recent date may be entered/used

Problem Privacy Comment*HCFA Box*

Description CF/ Contact template/ Problem List tab/ click on a problem or add new/ Properties/ Security tab/ Comment text box

Problem Progress Comment*HCFA Box**Description* Unknown**Problem Progress Date***HCFA Box**Description* CF/ Contact template/ Plan tab/ Problem Status tab; CF reports contact date status was assigned**Problem Progress Status***HCFA Box**Description* CF/ Contact template/ Plan tab/ Problem Status tab; to edit list: CFAdmin/ Element Tables/ Problem Status; the Problem Status tab will appear only if a problem has been added in the Problem List**Problem Type***HCFA Box**Description* CFAdmin/ Problem Codes/ Properties/ Problem Code Category (Type) -- follow standard for billing when entering new problems**Procedure (Primary)***HCFA Box**Description* CF/ Contact template/ Plan tab/ Procedure tab/ select a procedure/ Properties/ Primary checkbox**Procedure and Code***HCFA Box**Description* x**Procedure and Code (Primary)***HCFA Box**Description* x**Procedure Category (Primary)***HCFA Box**Description* CFAdmin/ Procedure Codes/ Category dropdown; to edit list: CFAdmin/ Element Tables/ Procedure Category -- use CPT book for accurate setup**Procedure Code***HCFA Box* 24D #s 2-6*Description* CF/ Contact template/ Plan tab/ Procedure tab/ search by procedure code; to edit list: CFAdmin/ Element Tables/ Procedure Code -- use CPT book for accurate setup**Procedure Code (Primary)***HCFA Box* 24D #1*Description* CF/ Contact template/ Plan tab/ Procedure tab/ search by procedure code; to edit list: CFAdmin/ Element Tables/ Procedure Code/ Primary checkbox-- use CPT book for accurate setup

| | |
|--|---|
| Procedure Code Type | <i>HCFA Box</i> |
| <i>Description</i> | CFAdmin/ Procedure Codes/ Code Type -- to edit list: CFAdmin/ Element Tables/ Procedure Code Type |
| Procedure Code Type (Primary) | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact template/ Plan tab/ Procedure tab/ select procedure/ Properties/ Primary checkbox -- to edit list: CFAdmin/ Element Tables/ Procedure Code Type |
| Procedure Subcategory (Primary) | <i>HCFA Box</i> |
| <i>Description</i> | ? (could not find it) |
| Procedure Units | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact template/ Plan tab/ Procedure tab/ select procedure/ Properties/ Units -- type in number of units |
| Program Address Line 1 | <i>HCFA Box</i> 33 |
| <i>Description</i> | CFAdmin/ Program button/ Name & Address tab/ first line of address |
| Program Address Line 2 | <i>HCFA Box</i> 33 |
| <i>Description</i> | CFAdmin/ Program button/ Name & Address tab/ second line of address |
| Program City | <i>HCFA Box</i> 33 |
| <i>Description</i> | CFAdmin/ Program button/ Name & Address tab/ type in city |
| Program County | <i>HCFA Box</i> |
| <i>Description</i> | CFAdmin/ Program button/ Name & Address tab/ County dropdown; to edit list: CFAdmin/ Element Tables/ County |
| Program Default Place of Service Number | <i>HCFA Box</i> 24B |
| <i>Description</i> | CFAdmin/ Program button/ Billing Defaults tab |
| Program Default Type of Service Number | <i>HCFA Box</i> 24C |
| <i>Description</i> | CFAdmin/ Program button/ Billing Defaults tab |
| Program Name | <i>HCFA Box</i> 33 |
| <i>Description</i> | CFAdmin/ Program button/ Name & Address tab/ Name field |

Program Number *HCFA Box* 25, 33

Description CFAdmin/ Program button/ Numbers tab; for box: 25: Federal Tax ID#, box 33: UPIN=PIN#, Medicaid=GRP#

Program Number Comment *HCFA Box*

Description CFAdmin/ Program button/ Numbers tab/ Comment text box for that number

Program Number Type *HCFA Box*

Description CFAdmin/ Program button/ Numbers tab; Federal Tax Identifier, MED3000 Billing Id, Medicaid, Medicare, Other, School Id, Social Security Number, State License, UPIN

Program Phone Number Comment *HCFA Box*

Description CFAdmin/ Program button/ Phones tab/ Comment text box for that number

Program Phone Number/Extension *HCFA Box*

Description CFAdmin/ Program button/ Phones tab

Program Phone Number/Extension (Primary) *HCFA Box* 33

Description CFAdmin/ Program button/ Phones tab/ Primary checkbox

Program Site Address Line 1 *HCFA Box* 32

Description CFAdmin/ Program button/ Sites button/ Name & Address tab

Program Site Address Line 2 *HCFA Box* 32

Description CFAdmin/ Program button/ Sites button/ Name & Address tab

Program Site City *HCFA Box* 32

Description CFAdmin/ Program button/ Sites button/ Name & Address tab

Program Site Name *HCFA Box* 32

Description CFAdmin/ Program button/ Sites button/ Name & Address tab

Program Site Number *HCFA Box*

Description CFAdmin/ Program button/ Sites button/ Numbers tab

Program Site Number Comment *HCFA Box*

Description CFAdmin/ Program button/ Sites button/ Numbers tab/ Comment text box for that number

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|--|---|----|
| Program Site Number Type | <i>HCFA Box</i> | |
| <i>Description</i> | CFAdmin/ Program button/ Sites button/ Numbers tab; Federal Tax Identifier, MED3000 Billing Id, Medicaid, Medicare, Other, School Id, Social Security Number, State License, UPIN | |
| Program Site Phone Number Comment | <i>HCFA Box</i> | |
| <i>Description</i> | CFAdmin/ Program button/ Sites button/ Phones tab/ Comment text box for that number | |
| Program Site Phone Number/Extension | <i>HCFA Box</i> | |
| <i>Description</i> | CFAdmin/ Program button/ Sites button/ Phones tab/ | |
| Program Site State | <i>HCFA Box</i> | 32 |
| <i>Description</i> | CFAdmin/ Program button/ Sites button/ Name & Address tab | |
| Program Site Zip | <i>HCFA Box</i> | 32 |
| <i>Description</i> | CFAdmin/ Program button/ Sites button/ Name & Address tab | |
| Program State | <i>HCFA Box</i> | 33 |
| <i>Description</i> | CFAdmin/ Program button/ Name & Address tab/ | |
| Program Zip | <i>HCFA Box</i> | 33 |
| <i>Description</i> | CFAdmin/ Program button/ Name & Address tab/ | |
| Provider | <i>HCFA Box</i> | |
| <i>Description</i> | CF/ Contact template/ Provider drop-down; edit list from CFAdmin/ Provider button | |
| Provider (Group) | <i>HCFA Box</i> | |
| <i>Description</i> | CF/ Group Module/ Immunizations tab/ Group Properties tab/ Administered by drop-down | |
| Provider (Last First) | <i>HCFA Box</i> | |
| <i>Description</i> | Provider's Last name first | |
| Provider Address Line 1 | <i>HCFA Box</i> | |
| <i>Description</i> | CFAdmin/ Provider button/ Name & Address tab | |
| Provider Address Line 2 | <i>HCFA Box</i> | |
| <i>Description</i> | CFAdmin/ Provider button/ Name & Address tab | |

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|---|--|-----------------|
| Provider City | | <i>HCFA Box</i> |
| <i>Description</i> | CFAdmin/ Provider button/ Name & Address tab | |
| Provider First Name | | <i>HCFA Box</i> |
| <i>Description</i> | CFAdmin/ Provider button/ Name & Address tab | |
| Provider Last Name | | <i>HCFA Box</i> |
| <i>Description</i> | CFAdmin/ Provider button/ Name & Address tab | |
| Provider Medicaid Number | | <i>HCFA Box</i> |
| <i>Description</i> | CFAdmin/ Providers/ Numbers tab: Federal Tax Identifier, MED3000 Billing Id, Medicaid, Medicare, Other, School Id, Social Security Number, State License, UPIN | |
| Provider of Service | | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact or Group template; generally defers to the Provider of the contact except for immunizations it defers to "Administered by" | |
| Provider Phone Comment (Primary) | | <i>HCFA Box</i> |
| <i>Description</i> | CFAdmin/ Providers/ Phones tab/ Comment text box with Primary checkbox | |
| Provider Phone Number (Primary) | | <i>HCFA Box</i> |
| <i>Description</i> | CFAdmin/ Providers/ Phones tab/ Primary checkbox | |
| Provider Primary Language | | <i>HCFA Box</i> |
| <i>Description</i> | x no place to choose provider language | |
| Provider Secondary Language | | <i>HCFA Box</i> |
| <i>Description</i> | x no place to choose provider language | |
| Provider Sex | | <i>HCFA Box</i> |
| <i>Description</i> | x no place to choose provider gender | |
| Provider State | | <i>HCFA Box</i> |
| <i>Description</i> | CFAdmin/ Provider button/ Name & Address tab | |
| Provider Type | | <i>HCFA Box</i> |
| <i>Description</i> | CFAdmin/ Provider button/ Name & Address tab; to edit drop-down list: CFAdmin/ Element Tables/ Provider Type | |

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|------------------------------|--------------------|---|-----------------|
| Provider Zip Code | <i>Description</i> | CFAdmin/ Provider button/ Name & Address tab | <i>HCFA Box</i> |
| ProviderType | <i>Description</i> | CFAdmin/ Provider button/ Name & Address tab; to edit drop-down list: CFAdmin/ Element Tables/ Provider Type; generally defers to the Provider of the contact except for immunizations it defers to "Administered by" | <i>HCFA Box</i> |
| Pulse | <i>Description</i> | CF/ Contact template/ Objective tab/ Vital Signs | <i>HCFA Box</i> |
| Purpose | <i>Description</i> | The purpose of the report being generated. This is controlled by a drop-down list box and is entered on the Purpose tab in Report Manager. You can modify this list in Administration with the 'Report Purpose' element table. Required for HIPAA auditing. | <i>HCFA Box</i> |
| Question Caption | <i>Description</i> | CF/ Contact template/ Subjective tab/ list of items to be assessed; Caution: any changes made in CFAdmin to a contact template changes ALL templates | <i>HCFA Box</i> |
| Question Order | <i>Description</i> | CF/ Contact template/ Subjective tab/ order in which the list of items to be assessed are in; any changes made in CFAdmin to a contact template changes ALL templates | <i>HCFA Box</i> |
| Race | <i>Description</i> | CF/ Registration form/ Demographics tab; to edit list: CFAdmin/ Element Tables/ Race | <i>HCFA Box</i> |
| Reference Number | <i>Description</i> | CF/ Registration form/ Demographics tab/ Numbers side tab/ext box for Social Security or other user defined number to track | <i>HCFA Box</i> |
| Reference Number Type | <i>Description</i> | CF/ Registration form/ Demographics tab/ Numbers side tab/ Type drop-down; to edit list: CFAdmin/ Element Tables/ Reference Number | <i>HCFA Box</i> |
| Referral Source | <i>Description</i> | CF/ Registration form/ Supplementary tab/ Referral Source drop-down; Referred to SBHC; to edit list: CFAdmin/ Element Tables/ Referral Source | <i>HCFA Box</i> |

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|--------------------------------|---|
| Referred To | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Tickler/ Who tab/ drop-down list of Providers; you cannot add a new provider from here; for the provider to show in the list, External or Internal Referral is checked on the Type tab for that provider in CFAdmin |
| Referring Provider | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Tickler/ Who tab/ drop-down list of Providers; you cannot add a new provider from here; for the provider to show in the list, External or Internal Referral is checked on the Type tab for that provider in CFAdmin |
| RefProviderId | <i>HCFA Box</i> |
| <i>Description</i> | A unique ID number generated automatically by Clinical Fusion for providers. Required for HIPAA auditing. |
| Registered | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Registration form/ Demographics tab/ Registered checkbox; True/False value |
| Registration Date | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Registration form/ Demographics tab/ Registration Date; a student may have a registration date, but not have the registration checkbox checked |
| Registration Id | <i>HCFA Box 25</i> |
| <i>Description</i> | CF/ Registration form/ Demographics tab; A unique ID generated by the user for each student |
| Relationship | <i>HCFA Box</i> |
| <i>Description</i> | CF/Person Module/ History Activity/ Family History tab/ student's family relationship in reference to medial history |
| Relationship to Insured | <i>HCFA Box 6</i> |
| <i>Description</i> | CF/ Registration form/ Insurance tab/ Insured side tab |
| Report End Date | <i>HCFA Box</i> |
| <i>Description</i> | The end date specified in the Date Range tab for any report generated in Report Manager. Required for HIPAA auditing. |
| Report Start Date | <i>HCFA Box</i> |
| <i>Description</i> | The start date specified in the Date Range tab for any report generated in Report Manager. Required for HIPAA auditing. |

ReportSQL*HCFA Box*

Description The SQL statement generated by Microsoft Access identifying the exact information generated on a report in Report Manager. Required for HIPAA auditing. SQL is a standard computer language for accessing and manipulating databases.

Resolution Comments*HCFA Box*

Description CF/ Contact template/ Problem List tab/ Problem Properties/ Resolved checkbox/ Comments text box

Resolution Status*HCFA Box*

Description CF/ Contact template/ Problem List tab/ Problem Properties: Active, Inactive, Resolved checkboxes

Respiratory*HCFA Box*

Description CF/ Contact template/ Objective tab/ Vital Signs

School*HCFA Box*

Description CF/ Registration form/ Supplementary tab/ School side tab; to edit list: CFAdmin/ Schools button

School (Current)*HCFA Box*

Description CF/ Registration form/ Supplementary tab/ School side tab/ Primary checkbox

School End Date*HCFA Box*

Description CF/ Registration form/ Supplementary tab/ School side tab/ end date for the grade they are in

School Start Date*HCFA Box*

Description CF/ Registration form/ Supplementary tab/ School side tab/ start date for the grade they are in

School Status*HCFA Box*

Description CF/ Registration form/ Supplementary tab/ School side tab/ Full-time, Part-time, Not in School check boxes

Secondary Answer*HCFA Box*

Description CF/ Contact template/ Subjective tab/ Not a Problem, Minor Problem, Major Problem check boxes for list of items to be assessed

Secondary Language*HCFA Box*

Description CF/ Registration form/ Supplementary tab/ Family Language; to edit list: CFAdmin/ Element Tables/ Language

Sequence (Group)*HCFA Box*

Description CF/ Group Module/ Immunization tab/ Group Properties tab/ Dose Number

Service Category*HCFA Box*

Description CFAdmin/ Procedure Codes/ Category drop-down; to edit list: CFAdmin/ Element Tables/ Procedure Category - use CPT book for accurate setup

Service Date*HCFA Box*

Description Generally defers to the Contact Date except for procedures/tests/orders/ticklers, etc added through the History or Followup Activities

Service Duration*HCFA Box*

Description CF/ Contact template/ Closure tab/ Times: Provider Service [Minutes]

Service Duration Range*HCFA Box*

Description CF/ Contact template/ Closure tab/ Times: Provider Service [Minutes] - range is predetermined by CF i.e. a 20 minute appointment range is 16-30 minutes

Service Month*HCFA Box*

Description Month of Service Date

Service Name*HCFA Box*

Description CFAdmin/ Procedure Codes/ Category drop-down; to edit list: CFAdmin/ Element Tables/ Procedure Category - use CPT book for accurate setup

Service Name and Category*HCFA Box*

Description x

Service Year*HCFA Box*

Description Year of Service Date

Sex*HCFA Box* 3

Description CF/ Registration form/ Demographics tab/ gender of student

Social Security Number*HCFA Box*

Description CF/ Registration form/ Demographics tab/ Numbers side tab/ choose Social Security from TYPE drop-down; also refers to CFAdmin/ Providers button/ Numbers tab choose Social Security from TYPE drop-down

Staff Member Flag*HCFA Box*

Description CFAdmin/ Providers button/ Provider Status tab/ Staff Member check box; True/False value

Start Date*HCFA Box*

Description CF/Registration form/ Supplementary tab/ School side tab - school start date for that grade or started school

State*HCFA Box 2*

Description CF/ Registration form/ Demographics tab/ Address side tab; ; select from drop-down, type directly into the field or edit CFAdmin/ Element Tables/ City

Status*HCFA Box*

Description Status of Alert; also refers to School Status i.e. Signed, Screened, Orders

Status of Contact*HCFA Box*

Description CF/ Contact template/ Closure tab/ Status drop-down

Subject*HCFA Box*

Description CF/ Group Module/ Health Education contact template/ Subjects tab; to edit list: CFAdmin/ Element Tables/ Health Ed Subjects

Subject Comment*HCFA Box*

Description CF/ Group Module/ Health Education contact template/ Subjects tab/ Comment text box

Submit Insurance Flag*HCFA Box*

Description ?

Suffix*HCFA Box*

Description ? N/A

Supplementary Diagnosis Group*HCFA Box*

Description CFAdmin/ Diagnosis button/ drop-down; to edit list: CFAdmin/ Element Tables/ Supplementary Diagnostic Group - use CPT book for accurate setup

Supplementary Diagnosis Group (Primary)*HCFA Box**Description* CF/ Contact template/ Plan tab/ Diagnosis tab/ Primary check box**Systolic***HCFA Box**Description* CF/ Contact template with Objective tab and Vital Signs included; Blood pressure: maximum arterial pressure**Temperature***HCFA Box**Description* CF/ Contact template with Objective tab and Vital Signs included**Temperature (C)***HCFA Box**Description* Temperature represented in Celsius**Temperature (F)***HCFA Box**Description* Temperature represented in Fahrenheit**Template Name***HCFA Box**Description* Name of CF Contact template used**Termination Date***HCFA Box**Description* CF/ Registration form/ Insurance tab/ Plan side tab - Ending date of insurance coverage**Tickler Comment***HCFA Box**Description* CF/ Tickler/ Type tab/ Comment text box**Tickler Completion Comment***HCFA Box**Description* CF/ Tickler/ When tab/ Followup Comment text box**Tickler Date Entered***HCFA Box**Description* CF/ Person Module/ Followup activity/ Reminders, Referrals, Appointments/ New button CF automatically tracks date entered; Use Contact Date when a Tickler is created in a Contact Template**Tickler Due Date***HCFA Box**Description* CF/ Tickler/ When tab/ Due Date**Tickler Due Month***HCFA Box**Description* Month of Tickler Due Date

| | | |
|----------------------------------|--|-----------------|
| Tickler Due Year | | <i>HCFA Box</i> |
| <i>Description</i> | Year of Tickler Due Date | |
| Tickler Status | | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Tickler/ When tab/ Pending, Overdue, Canceled, Completed check boxes; Overdue is automatic when due date has passed and the Tickler is not Completed or Canceled | |
| Tickler Sub Type | | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Tickler/ Type tab/ Appointment, Referral, Reminder Type drop-down; to edit lists: CFAdmin/ Element Tables/ Appointment Type, Referral Type, Reminder Type -- If associating a Tickler with a Problem in a report, the Problem and subType must be named the same | |
| Tickler Type | | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Tickler/ Type tab/ Appointment, External Referral, Internal Referral, Reminder check boxes | |
| Tickler Type and Sub Type | | <i>HCFA Box</i> |
| <i>Description</i> | x | |
| Time | | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Tickler/ When tab/ From time or time of appointment set in the Scheduler feature | |
| TimeIn | | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact template/ Closure tab | |
| TimeOut | | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact template/ Closure tab | |
| Title | | <i>HCFA Box</i> |
| <i>Description</i> | Provider's Title; CFAdmin/ Providers button/ Name & Address tab/ Title text field | |
| To the parents of | | <i>HCFA Box</i> |
| <i>Description</i> | Used when addressing labels; "To the Parents of [student's name]" | |
| Trigger Comment | | <i>HCFA Box</i> |
| <i>Description</i> | CFAdmin/ Alerts/ Properties tab/ Actions text box | |

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|-----------------------------------|---|--------------------|
| Trigger Value | | <i>HCFA Box</i> |
| <i>Description</i> | CFAdmin/ Alerts/ Properties/ Criteria tab/ criteria and operator(s) | |
| Type of Contact | | <i>HCFA Box</i> |
| <i>Description</i> | Category (folder) which the Contact template is assigned to i.e. Medical Visit; Contact the HelpDesk before editing | |
| UniqueIDFromSHO | | <i>HCFA Box</i> |
| <i>Description</i> | ? | |
| UPIN | | <i>HCFA Box</i> 33 |
| <i>Description</i> | CFAdmin/ Program/ Numbers tab -- PIN#; Provider Identification Number | |
| User 1 | | <i>HCFA Box</i> |
| <i>Description</i> | weights & measures ? | |
| User 2 | | <i>HCFA Box</i> |
| <i>Description</i> | weights & measures ? | |
| UserID | | <i>HCFA Box</i> |
| <i>Description</i> | A unique ID number generated automatically by Clinical Fusion for the username. Required for HIPAA auditing. | |
| Username | | <i>HCFA Box</i> |
| <i>Description</i> | The user who has viewed, modified, printed, or exported data from within Clinical Fusion. Required for HIPAA auditing. | |
| Vaccine Lot Number | | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact template/ Plan tab/ Tests/Orders tab/ when immunization is selected Lot Number text box appears | |
| Vaccine Lot Number (Group) | | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Group Module/ Immunization Activity/ Group Properties tab/ Lot Number text box | |
| Vaccine Manufacturer | | <i>HCFA Box</i> |
| <i>Description</i> | CF/ Contact template/ Plan tab/ Tests/Orders tab/ when immunization is selected Manufacturer drop-down appears; to edit list: CFAdmin/ Element Tables/ Vaccine Manufacturer | |

Vaccine Manufacturer (Group)*HCFA Box*

Description CF/ Group Module/ Immunization Activity/ Group Properties tab/ Vaccine Manufacturer drop-down;

Weight*HCFA Box*

Description CF/ Contact template/ Objective tab/ Measurements category

Weight (kg)*HCFA Box*

Description CF/ Contact template/ Objective tab/ Measurements category

Weight (lb)*HCFA Box*

Description CF/ Contact template/ Objective tab/ Measurements category

Year*HCFA Box*

Description CF/ Group module/ a group template/ Group properties tab/ Date; Year of any Group activity

Zip*HCFA Box 2*

Description CF/ Registration form/ Demographics tab/ Address side tab; select from drop-down, type directly into the field or edit CFAdmin/ Element Tables/ City