ONTARIO CHIROPRACTIC ASSOCIATION

PATIENT MANAGEMENT PROGRAM PUTTING EXPERIENCE INTO PRACTICE

Using PMP for Electronic Submission of WSIB Form 8 to TELUS HEALTH

PMP allows for the direct submission of WSIB Forms to the TELUS HEALTH (TH) portal. This procedure is completed without the need to access the TH portal.

Here are just a few of the benefits for using the PMP for WSIB form submission.

- Patient information transfers from the patient file to WSIB forms
- Forms are made and stored locally on your computer
- Forms are included in PMP backups
- Forms are created without access to the internet. An internet connection is required only to send completed forms.

To facilitate electronic submission of PMP's WSIB forms electronically to TH, users are required to:

- be registered with TH and have a username and password
- have a WSIB Provider ID.

Setup PMP

From the Setup menu, go to Doctor Defaults. Choose the practitioner and select Edit this Doctors Defaults.

	Doctor Defaults for : Dar	niel David Palmer, DC #1234		
Beside the WSIB tab type in your <i>UserName</i> provided by TH. Type in your WSIB <i>Provider ID</i> . Select your <i>Designation</i> if necessary.	Personal Info Appointment Book Patient Defaults Statements	WSIB Details UserName Provider ID Designation	s2sBCuat1F8 123456789012 Chiropractor	
Checkmark Enable WSIB Electronic Form Submission.	ChiroWrite	Electronic Forms Sub	omission	
Click Accept.	Receipts	Enable WSIB Elec	ctronic Form Submission	
	WSIB			

Creating & Sending WSIB Form 8's in PMP

Accidents

The Accidents section lists all accidents related to this patient. Buttons in this section are:

- New Accident a new accident is created details will be populated after creating a form
- Edit Comments allows you to add a comment to the accident
- Delete will delete an accident if there were no forms created using this accident

atient Information 54 - Amy Love							
Info 1 Info 2 Pop Ups Health Com	ments Bill To Appointments	Account / Activity	WSIB WSIBfo	rms EHC MVA			
Accidents							
Accident ID Date Claim Number 129 1-Jul-2013 84972949	Comments			E			
	v Accident Edit Com	ments Delete					
Form Data							
FAF Form 8 Treatment Ext.(014	8) Physio TE(0153A) UE	Init. Ass.(2864) UE	Care/Out.(2865)	LB Init. Ass.(3238)			
LB Care/Out(3239) LE Init. As	s.(2098) LE Care/Out.(20	99) MTBI Init. A	ss.(3240)	/TBI Care/Out.(3241)			
Shoulder Ass. (2522) Shoulder Out (2	2524) Progress Report (26)						
Accident Form Form ID ID Type WSIB Status	WSIB confirmation	Comments	Date Dra Fin	aft/ Invoice			
129 112 Form8 Submitted	1000356202013082211	0021	22-Aug-2013Fi	nal 1012			
129 110 Form8 Submitted	1000356202013082210)4229	22-Aug-2013Fi	nal 1010			
Image: Submit Form8 to WSIB Print Log							
Send this patient to CW Next Previous Save Cancel	Send this patient to CW Search for a Patient by Next Previous Save Cancel New Patient Last name Number First name Other Continue						
Press F2 to add an appointment, or press F	10 to process an activity						

Form Data

All forms required by WSIB are created by clicking the appropriate button.

The table below the report buttons are forms created for this patient.

Below your forms are buttons that offer additional functions for your forms:

- Edit Comment allows you to add comments to a form
- Edit allows a Draft form to be edited
- View / Print will open the Ace Viewer and display your form
- Delete 'Draft' allows you to delete Drafts. Note: Final forms cannot be edited or deleted.
- Submit Form8 to WSIB will electronically send your Finalized form to TH
- Print Log offers a report detailing the status of electronically submitted Form 8's.

Completing the Form 8

Click onto the **New Accident** button if you do not have an existing accident for the patient. Read the message boxes; click **Yes**, then **OK**.

Click the Form 8 button.

WSIB Health Professional's	Report (Form 8)							
✓ Section A ✓	/ B-C1 / C2	✓ C3-C4	× D1-D3	√ E	✓ F1-F2	🗸 F3	-F4	
Claim Number								
Claim Number 84972949	Date of Birth 11/07/1965	Date o	of Accident 2013	Soc	ial Ins. No.			
A. Patient Inform	nation							
Last Name					Initial	First N	ame	
Love					С	Amy		
Address						L	anguage	Other Language
1001 Bay St, #	214					E	English 👻	
City		Province			Postal Cod	е Т	elephone Number	Gender
Thornhill		Ontario		•	L4K 7J8		(905) 967-1238	Female -
Employer/Com	pany Name					Jo	b Title/Occupation	
Go Transit						teo	chnician	
Test Form			Car	icel	Save as	'Draft'	Save for WSIB su	ubmission (unalterable)
field needs to be co	orrected. (1 Error)							

The form will open with the sections in tabs across the top. Click on any tab to go to the specific part of the form. Many fields will be populated with information pulled from the patient file.

Patient information fields can be edited and the changes will be reflected in the patient information field containing the original information. For example, if you change the telephone number in Section A the change will reflect on the Patient Information Info 1 tab.

The fields contained in WSIB forms will require the use of calendars, drop down selections, check boxes, and typing. The printed forms will replicate WSIB produced forms.

WSIB and TH have specific rules that must been followed when completing forms for electronic submission. These rules have been incorporated into PMP forms to avoid rejection.

Additional Buttons

The bottom portion of the form contains the following buttons:

- Test Form when pressed will mark a red 'X' on the tabs signifying incomplete parts of the form and highlight required fields in yellow.
- **Cancel** closes the form without saving and brings the user back to the WSIB forms tab.
- Save as Draft will save all information input so far allowing you to edit or complete the form at a later time
- Save for WSIB (unalterable) saves the form in an unchangeable format. Use this button only when you are sure all the information is complete and correct.

Click **Test Form** to locate required areas of the form that are incomplete. Tabs where validation rules fail will be marked with a red 'X'. Fields will be highlighted in yellow. Move your mouse over yellow fields to produce a hint. Once a yellow field has been completed the colour will return to normal by clicking **Test Form** again.

If you are unable to complete the form click **Save as Draft.** The form will be saved as a Draft on the main WSIB forms tab.

Click **Edit Comments.** Type a comment about the status of the form or missing information on the form. Click **OK**. The comment will now be added to the form description.

To add additional information to a form click the draft form in the list followed by **Edit**. When the form is complete click **Save as WSIB Submission (unalterable).**

Final and *Submitted* forms cannot be edited or deleted; we recommend printing draft forms and double checking for accuracy before finalizing.

Submitting the Form 8

Once the form has been *Finalized* the **Submit Form8 to WSIB** button will become active. Make sure that the form for submission is highlighted by selecting the line. Click **Submit Form8 to WSIB**.

Form Data								
FAF Form 8 Treatm	ent Ext.(0148)	hysio TE(0153A)	UE Init. As	s.(2864)	UE Care/Out.(2	865)	LB Init. Ass.	(3238)
LB Care/Out(3239)	LE Init. Ass.(2098	3) LE Care/Ou	ut.(2099)	MTBI Ir	nit. Ass.(3240)	MTB	I Care/Out.(3241)
Shoulder Ass. (2522) Sho	oulder Out (2524)	Progress Report (2	.6)					
Accident Form Form ID ID Type	WSIB Status	WSIB confirmation	(Comments	Date	Draft/ Final	Invoice Number	-
130 111 Form8	Ready to Submit				22-Aug-	201Fina	il 1011	
								E
	Edit Commer	nts Edit View	/ Print De	lete 'Draft'	Submit Fo	orm8 to V	WSIB Pri	nt Log

A pop up will appear requesting your password. Input the required information.

Please enter
Enter password for WSIB portal for username YTUGJNBR2
OK Cancel

Be patient. A communication screen will appear with details from TELUS HEALTH regarding the submission.

Read the screen.

The screen below contains confirmation the form was submitted successfully.

O WSIB submision test application v0.3	-X
Log	
2:16:44 pm - pmpWSIB intializing to send form 113 from Pat.# 54 2:16:44 pm - Created XML version of the form 8. 2:16:44 pm - Submitting form to WSIB 2:17:01 pm - Received response from WSIB 2:17:01 pm - Parsing response from WSIB 2:17:01 pm - Submit successful. Received Confirmation from WSIB	
10003562020130823021542	
2:17:01 pm - Writing to log and updating PMP	

This screen contains information that 1 error was found. The form must be corrected and resubmitted.

O WSIB submision test application v0.3	
Log	
2:25:17 pm - pmpWSIB intializing to send form 111 from Pat.# 75 2:25:17 pm - Created XML version of the form 8. 2:25:17 pm - Submitting form to WSIB 2:25:18 pm - Received response from WSIB 2:25:18 pm - Parsing response from WSIB	
2:25:18 pm - Writing to log and updating PMP	

The WSIB submission screen will disappear after a few moments.

Once back on the WSIBForms tab your Form 8 will show either Submitted or Submit Errors.

	Accident ID	Form ID	Form Type	WSIB Status	WSIB confirmation	Comments	Date	Draft/ Final	Invoice Number
Þ	121	109	Form8	Submitted	10003562020130823112340		23-Aug-201	Final	1009

	Accident ID	Form ID	Form Type	WSIB Status	WSIB confirmation	Comments	Date	Draft/ Final	Invoice Number
)	130	111	Form8	Submit Errors			22-Aug-201	Draft	1011



Beside the Submit Form8 to WSIB button you will see a Print Log button.

Filter by this Patient only			Filter by Date		
Love, Amy		Date From	Today		
			24-Jul-2013	·	
			23-Aug-2013	·	
Filter by Submission Success	Sort order				
All Submissions	order by Patient Name	ć.			
Failed Submissions	order by Patient Numb	er			
 Successful Submissions 	☑ Date Ascending				
eport Destination					
eport Destination	TF Save to File				Run the I

The report offers filter options to assist in locating the information required.

Note: this log is also available under the WSIB menu from the main appointment book.

To determine the reason for a Submit Error choose to filter the response by Failed Submissions.

Fri, 23 Aug 2013 Filtered by Patient; Date; Failed Submissio	WSIB Submission	Log Date Fro Date To:	m: 14-Aug-2013 23-Aug-2013	Page No. 1
Sent Error Date Time	Form ID Pat. No.	Patient Name	WSIB Username	Confirmation
√ √ Aug 14, 2013 1:53:12 PM	107 18	Lloyd, Bradley	s2sBCuat1F8	
203 Occupation on CLINICAL is not allow	ed to contain character() '&' . Please remove the cha	aracter(s).	
√ √ Aug 14, 2013 1:38:04 PM	106 18	Lloyd, Bradley	s2sBCuat1F8	
302 The claim number 12345678 is not va	lid			
√ √ Aug 14, 2013 1:19:00 PM	105 18	Lloyd, Bradley	s2sBCuat1F9	
301 Login authorization failed				

Read the highlighted line to determine the reason for the rejections.

Close the log and select the Edit button to return to the form. Correct the cause for the rejection.

Resubmit the form.