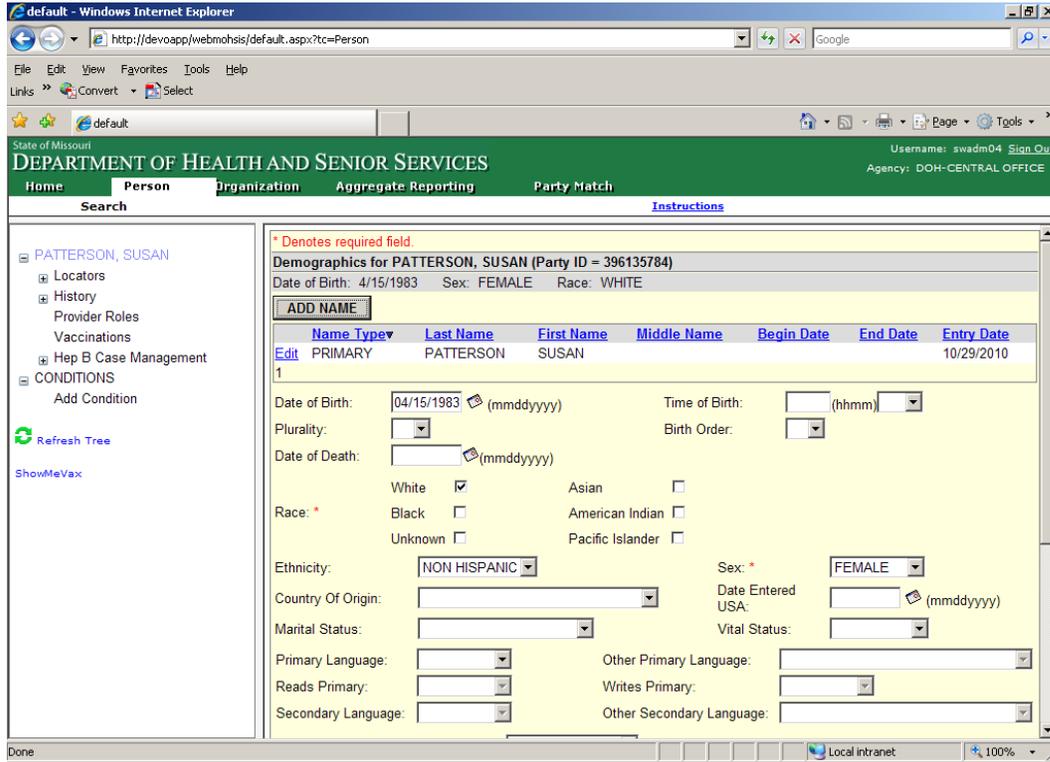


Condition 1 - Add Hepatitis B (Pregnancy) Condition

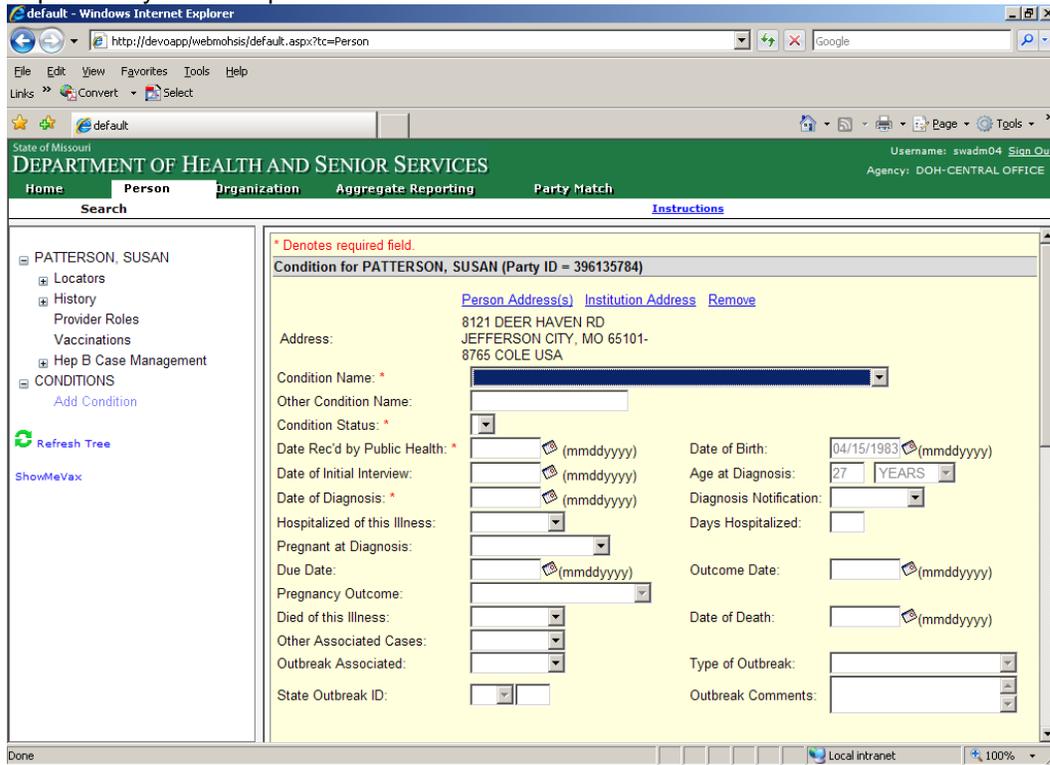
The following preconditions must be met:

1. Successful log into MOHSAIC WEBSURV application.
2. Search and Add or Search and Select Party



Procedure 1: Click Add Condition in the tree.

Expected System Response: The Add Condition screen is returned.

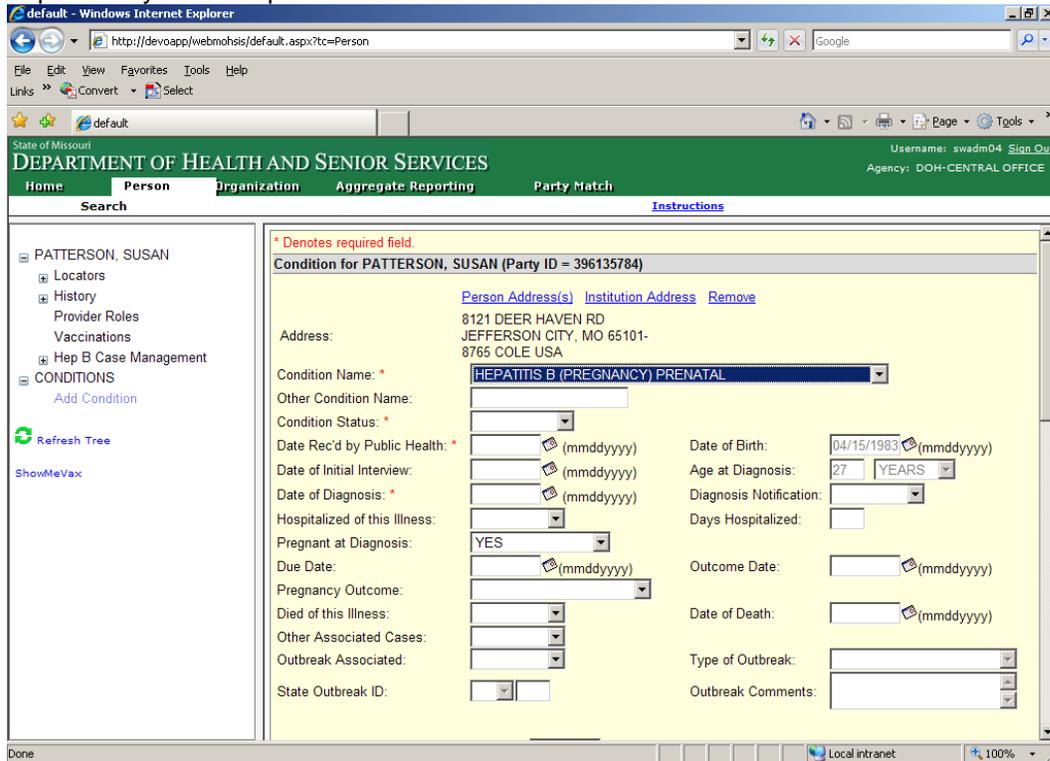


CONDITION ADDRESS (determines jurisdiction) See the Condition Instructions/Test Plans for instructions on removing and changing the condition address.

CONDITION INFORMATION

Procedure 2: Select condition name HEPATITIS B (PREGNANCY) PRENATAL

Expected System Response: The screen is refreshed.



Procedure 3: Enter remaining condition information (CONDITION STATUS, DATE RECEIVED BY LPHA, DATE OF INITIAL INTERVIEW, DATE OF DIAGNOSIS, DIAGNOSIS NOTIFICATION, HOSPITALIZED OF THIS ILLNESS, DIED OF THIS ILLNESS, OTHER ASSOCIATED CASES, OUTBREAK ASSOCIATED, TYPE OF OUTBREAK, STATE OUTBREAK ID, OUTBREAK COMMENTS) and the added sections identified above. Scroll down the page.

Required Entries:

- ✓ Either Client Address, Provider Address or Reporter Address
- ✓ Date Received by LPHA
- ✓ Condition Name
- ✓ Condition Status
- ✓ Date of Diagnosis

Other Validations:

- ✓ Due Date or Outcome Date are Required
- ✓ One state outbreak is field cannot be entered without the other.
- ✓ Type of Outbreak can only be entered when Outbreak Associated is Yes
- ✓ Pregnant at Diagnosis is set to YES for this condition.
- ✓ Dates (cannot be in future, cannot be prior to Client's Date of Birth)

Date Rec'd by Public Health - Users should enter the date received by LPHA or date of entry into WebSurv by Central Office

Expected System Response: The remaining condition variables are available for entry.

Procedure 4: Enter Date Enrolled in Case Management (This is the date the Case Worker found out the person was pregnant.)

Procedure 5: Enter a Transfer Case

- a. Select Transfer (IN or OUT)
- b. Select From/To
- c. Select County if From/To was Out of USA
- d. Click Add to List
- e. Repeat a through d if the condition has been transferred multiple times.

(If no transfer, skip to procedure 6)

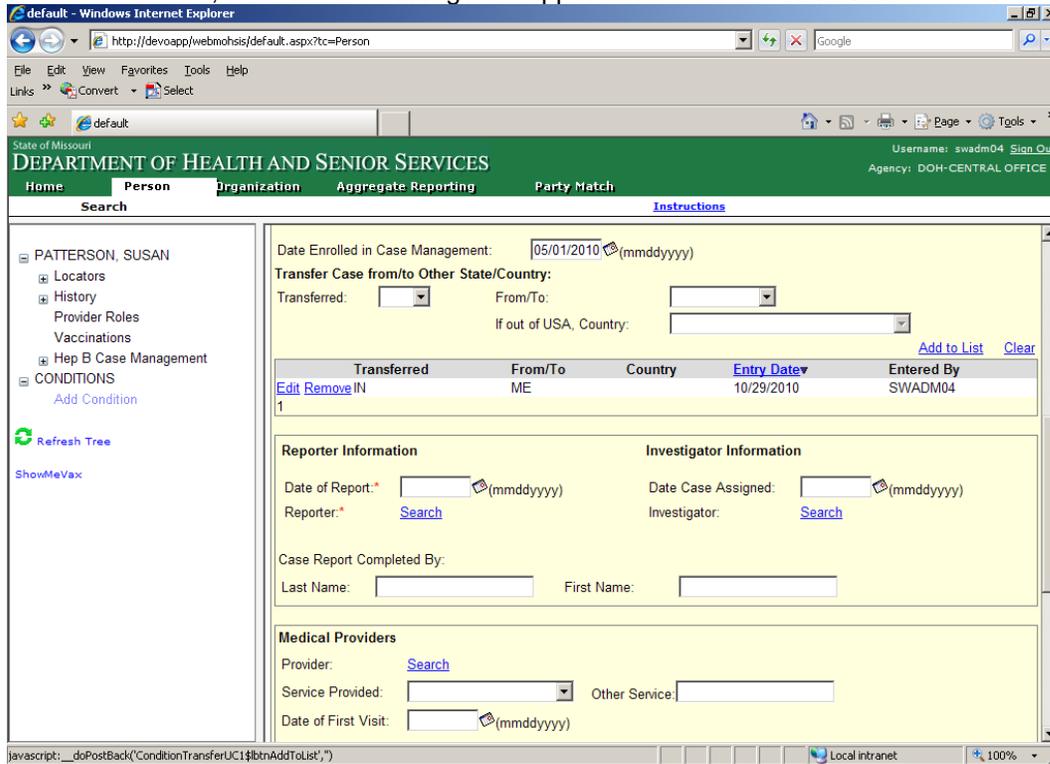
Required Entries:

- ✓ Date Enrolled in Case Management

Other Validations:

- ✓ Repeated Transfers (Two INs or Two OUTs) not allowed.
- ✓ Transferred is required to Add to List
- ✓ From/To is required to Add to List

Expected System Response if entering a transfer: The transfer record is added to the grid.
If failed validation, a validation message will appear below the Transfer Case title line.



Procedure 6: Enter Date of Report. Click Search link to add Reporter.

Required Entries:

- ✓ Date of Report
- ✓ Reporter

Other Validations:

- ✓ No punctuation can be entered in Case Report Completed By Last Name and First name
- ✓ Date of Report cannot be prior to Diagnosis Date
- ✓ Most Dates (cannot be in future, cannot be prior to Client's Date of Birth)

Expected System Response: The Search Person or Organization screen is returned as a pop up.

Search Person or Organization
[Hide Search Tips](#)
 A search can be completed on a single field or a combination of fields:
 • Organization Name, Last Name and First Name or
 • Provider Role or
 • Party ID (up to 12 digits)

Organization Name:

Last Name: First Name:

Provider Role:

State: City:

Party ID:

Search Clear

Rows Returned: Maximum Number of Rows:

Procedure 7: Enter search criteria (Organization Name, Last Name and First Name if a person, and/or Provider Role). Click Search

Expected System Response: The results are returned.

Search Person or Organization
[Hide Search Tips](#)
 A search can be completed on a single field or a combination of fields:
 • Organization Name, Last Name and First Name or
 • Provider Role or
 • Party ID (up to 12 digits)

Organization Name:

Last Name: First Name:

Provider Role:

State: City:

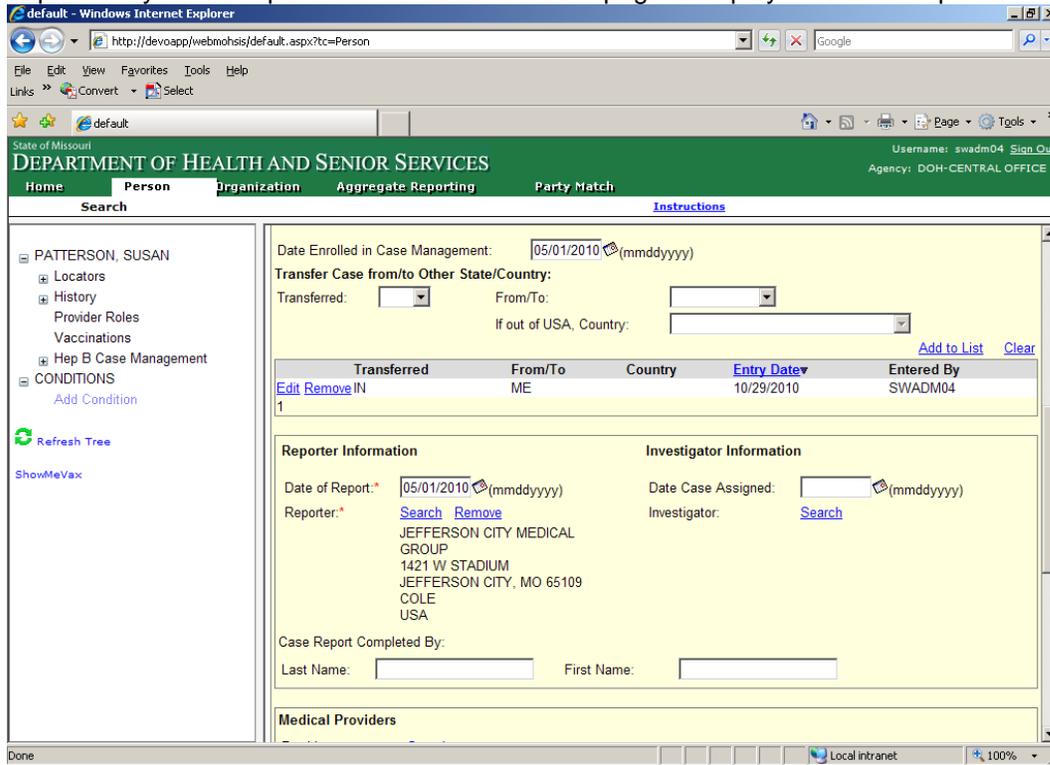
Party ID:

Search Clear

Name	Party ID	Name Type	Provider Role	Address
JEFFERSON CITY MEDICAL GROUP	5778043	PRIMARY	CD - PRIVATE PROVIDER PRIVATE PROVIDER TB - PRIVATE PROVIDER	PO BOX 234 RR 2 DIAMOND BOX 559 JEFFERSON CITY MEDICAL GROUP - PEDIATRICS LOT 23344 BLDG 234 JEFFERSON CITY, MO 65102 COLE USA
JEFFERSON CITY MEDICAL GROUP	5779696	PRIMARY	CD - PRIVATE PROVIDER PRIVATE PROVIDER TB - PRIVATE PROVIDER	PO BOX 234 RR 2 DIAMOND BOX 559 JEFFERSON CITY MEDICAL GROUP - PEDIATRICS LOT 23344 BLDG 234 JEFFERSON CITY, MO 65102 COLE USA

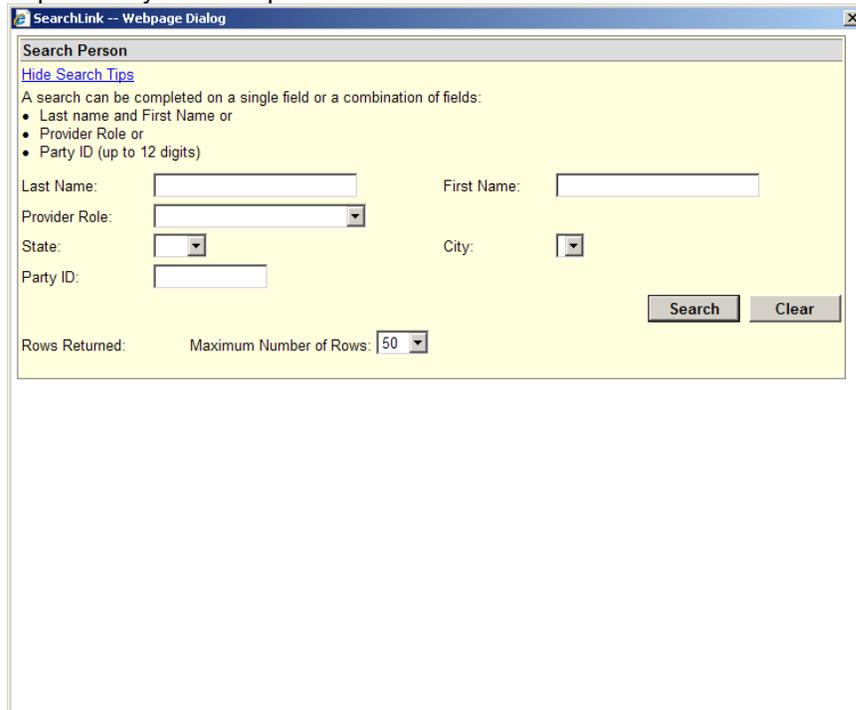
Procedure 8: Click the Party Name to select the party.

Expected System Response: The Add Condition page is displayed with the reporter shown.



Procedure 9: Enter Date Case Assigned. Click Search link to add Investigator.

Expected System Response: The Search Person screen is returned as a pop up.



Procedure 10. Enter search criteria (Last Name, First Name and/or Provider Role). Click Search

Expected System Response: The search results are returned.

Search Person
[Hide Search Tips](#)
 A search can be completed on a single field or a combination of fields:
 • Last name and First Name or
 • Provider Role or
 • Party ID (up to 12 digits)

Last Name: First Name:
 Provider Role:
 State: City:
 Party ID:

Name	Party ID	Name Type	Provider Role	Address
DIETLE, EDEN	383268497	PRIMARY	CD - LPHA INVESTIGATOR TB - LPHA INVESTIGATOR	3 POT GROWER RD HENLEY, MO 65040 MILLER

Rows Returned: 1 Maximum Number of Rows:

Procedure 11: Select the investigator by clicking on the name link.

Expected System Response: The Add Condition screen is returned with the Investigator shown.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES
 Username: swadm04 Site Out Agency: DOH-CENTRAL OFFICE

Home **Person** Organization Aggregate Reporting Party Match Instructions

Search

PATTERSON, SUSAN
 Locators
 History
 Provider Roles
 Vaccinations
 Hep B Case Management
 CONDITIONS

Date Enrolled in Case Management: (mmddyyyy)

Transfer Case from/to Other State/Country:
 Transferred: From/To:
 If out of USA, Country:

Transferred	From/To	Country	Entry Date	Entered By
Edit Remove	IN	ME	10/29/2010	SWADM04

Reporter Information
 Date of Report: (mmddyyyy)
 Reporter: [Search](#) [Remove](#)
 JEFFERSON CITY MEDICAL GROUP
 1421 W STADIUM
 JEFFERSON CITY, MO 65109
 COLE
 USA

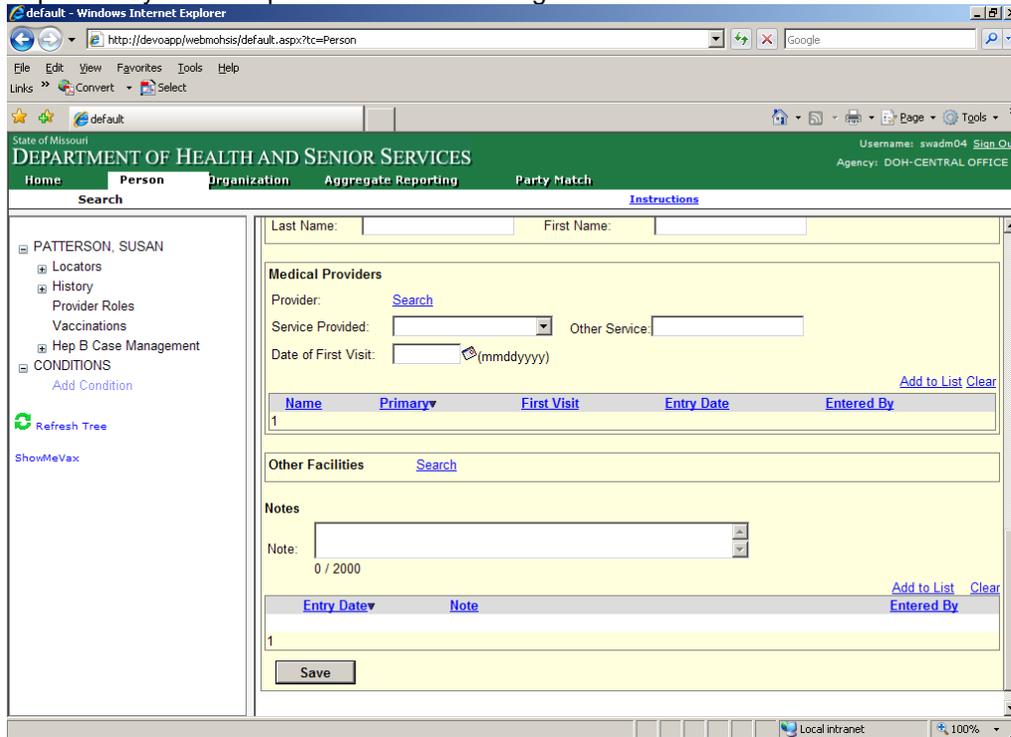
Investigator Information
 Date Case Assigned: (mmddyyyy)
 Investigator: [Search](#) [Remove](#)
 DIETLE, EDEN
 3 POT GROWER RD
 HENLEY, MO 65040
 MILLER

Case Report Completed By:
 Last Name: First Name:

Medical Providers

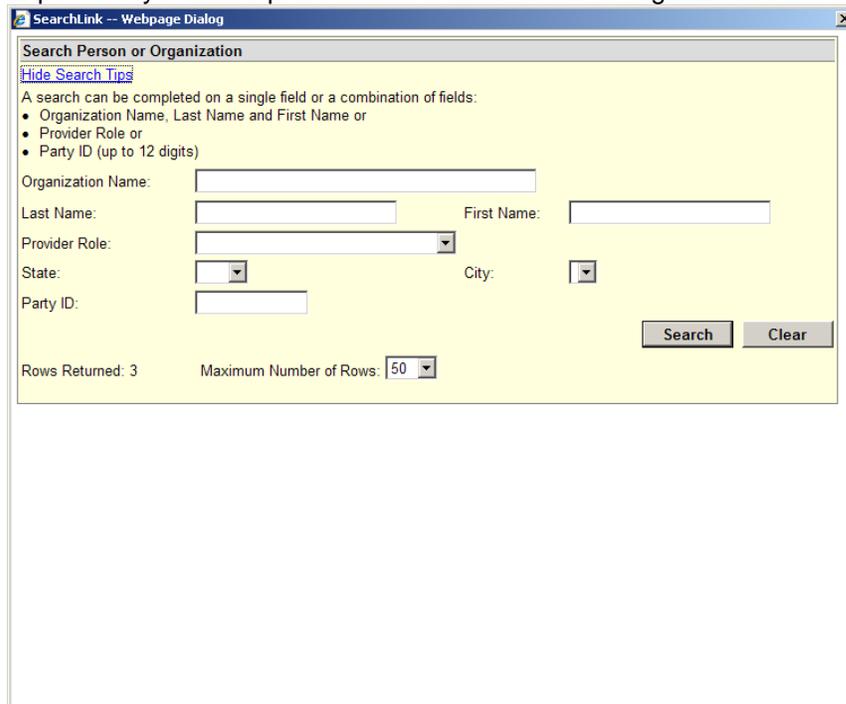
Procedure 12: Complete the Case Report Completed by: Last Name and First Name. Scroll down.

Expected System Response: The remaining variables are available.



Procedure 13: Click Search next to Provider.

Expected System Response: The Search Person or Organization screen is returned.



Procedure 14: Enter search criteria and click search.

Expected System Response: The results are returned.

Search Person or Organization

Hide Search Tips

A search can be completed on a single field or a combination of fields:

- Organization Name, Last Name and First Name or
- Provider Role or
- Party ID (up to 12 digits)

Organization Name:

Last Name: First Name:

Provider Role:

State: City:

Party ID:

Name	Party ID	Name Type	Provider Role	Address
ST MARYS HEALTH CENTER	356278843	PRIMARY	CD - HOSPITAL HOSPITAL TB - HOSPITAL	100 ST MARY S BLVD JEFFERSON CITY, MO 65101 COLE USA
ST MARYS HEALTH CENTER LABORATORY	356244898	PRIMARY	CD - LABORATORY LABORATORY TB - LABORATORY	100 SAINT MARYS PLZ JEFFERSON CITY, MO 65101-1602 COLE USA
ST MARYS HEALTH CENTER9	367075477	PRIMARY	CD - HOSPITAL CD - HOSPITAL HOSPITAL HOSPITAL TB - HOSPITAL TB - HOSPITAL	

Rows Returned: 3 Maximum Number of Rows:

Procedure 15: Select the provider by clicking on the name link.

Expected System Response: The Medical Provider is shown on the screen.

default - Windows Internet Explorer

http://devoapp/webmohsis/default.aspx?tc=Person

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES
Username: swadm04 Site: Out
Agency: DOH-CENTRAL OFFICE

Home Person Organization Aggregate Reporting Party Match

Search [Instructions](#)

LAST FIRST

Medical Providers

Provider: [Search](#)
ST MARYS HEALTH CENTER
100 ST MARY S BLVD
JEFFERSON CITY, MO 65101
COLE
USA

Service Provided: Other Service:

Date of First Visit: (mmddyyyy)

[Add to List](#) [Clear](#)

Name	Primary	First Visit	Entry Date	Entered By
1				

Other Facilities [Search](#)

Notes

Note:

0 / 2000

[Add to List](#) [Clear](#)
[Entry Date](#) [Note](#) [Entered By](#)

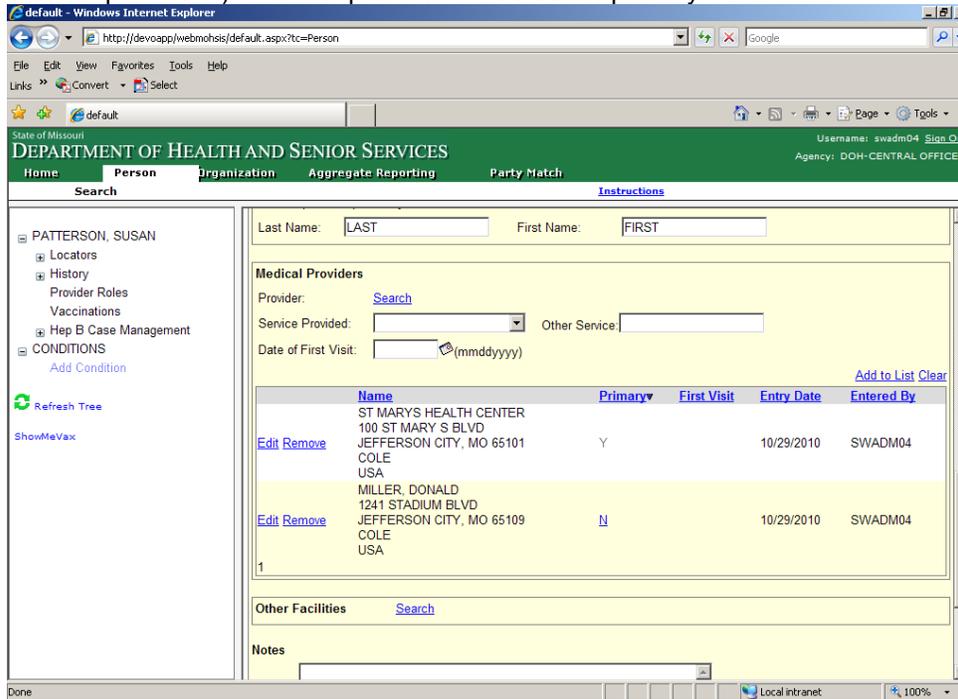
Procedure 16: Enter Service Provided and Date of First Visit if known and Click Add to List

Other Validations:

- ✓ Provider is required to Add to List
- ✓ No punctuation can be entered in Other Service

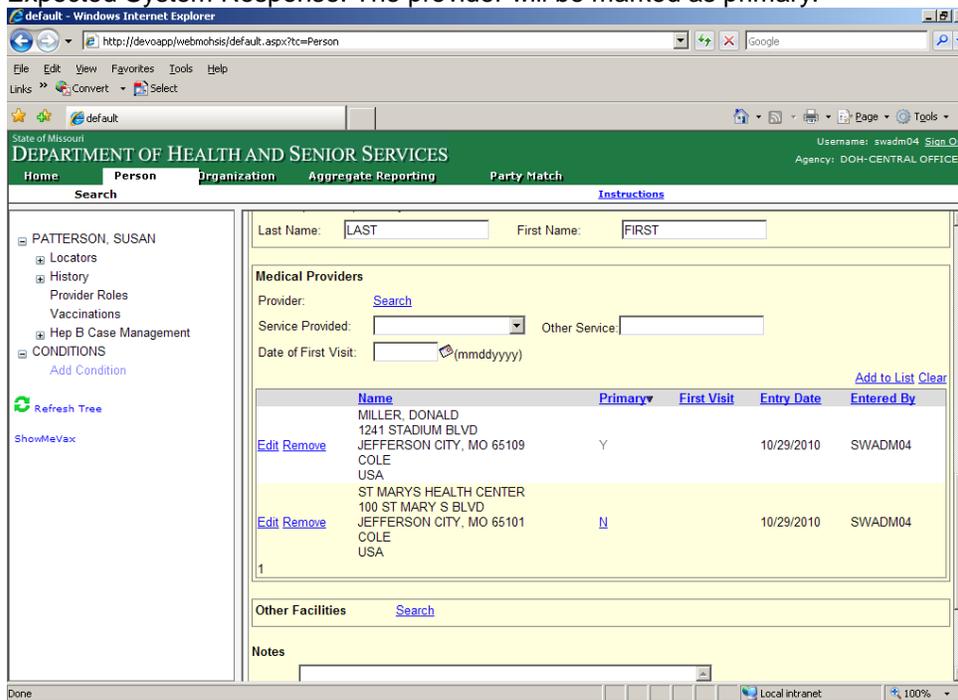
WEBSURV TEST

Expected System Response: The Provider is shown in the grid. (Repeat steps 13-16 to add additional medical providers.) The first provider will be set as primary.



Procedure 17: Click the N in the Primary column to set the provider as primary.

Expected System Response: The provider will be marked as primary.



Procedure 18: Click Search next to Other Facilities.

Expected System Response: The Search Organization is returned.

Search Organization
[Hide Search Tips](#)
 A search can be completed on a single field or a combination of fields:
 • Organization Name or
 • Provider Role or
 • Party ID (up to 12 digits)

Organization Name:

Provider Role:

State: City:

Party ID:

Rows Returned: Maximum Number of Rows:

Procedure 19: Enter Search Criteria and Click Search.

Expected System Response: The results are returned.

Search Organization
[Hide Search Tips](#)
 A search can be completed on a single field or a combination of fields:
 • Organization Name or
 • Provider Role or
 • Party ID (up to 12 digits)

Organization Name:

Provider Role:

State: City:

Party ID:

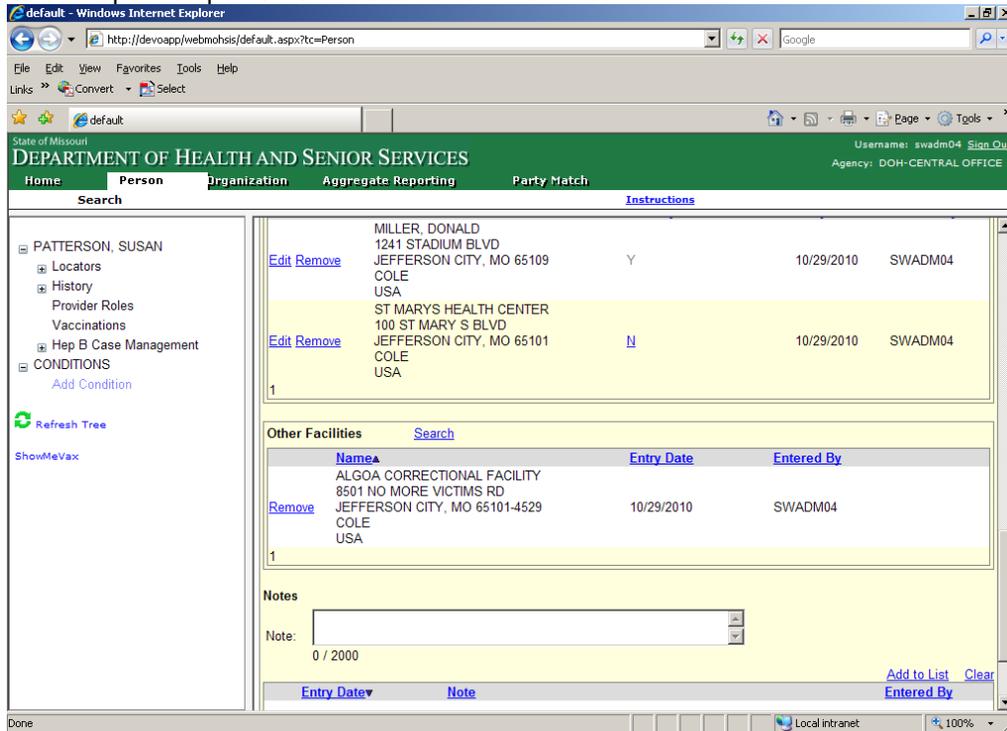
Name	Party ID	Name Type	Provider Role	Address
ALGOA CORRECTIONAL FACILITY	386447536	PRIMARY	CD - CORRECTIONAL FACILITY	8501 NO MORE VICTIMS RD JEFFERSON CITY, MO
			CORRECTIONAL FACILITY	65101-4529
			TB - CORRECTIONAL FACILITY	COLE USA

1

Rows Returned: 1 Maximum Number of Rows:

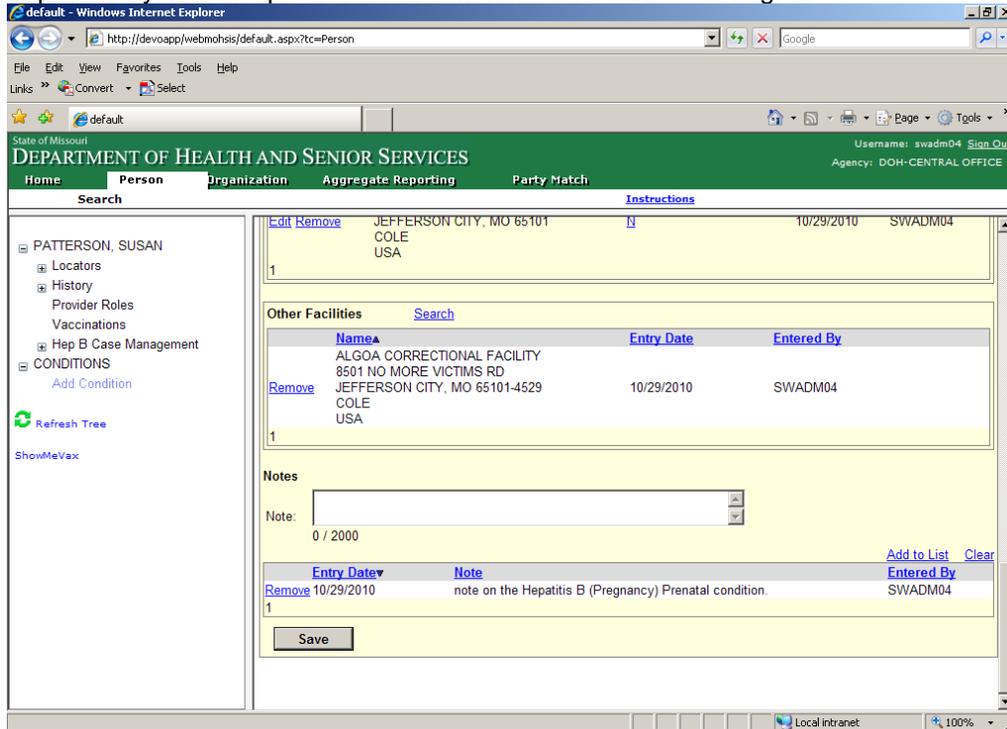
Procedure 20: Select the organization by clicking on the name in the grid.

Expected System Response: The Condition Screen is returned with the organization in the Other Facilities Grid. Repeat steps 18-20 to add additional facilities.



Procedure 21: Enter note and click add to list.

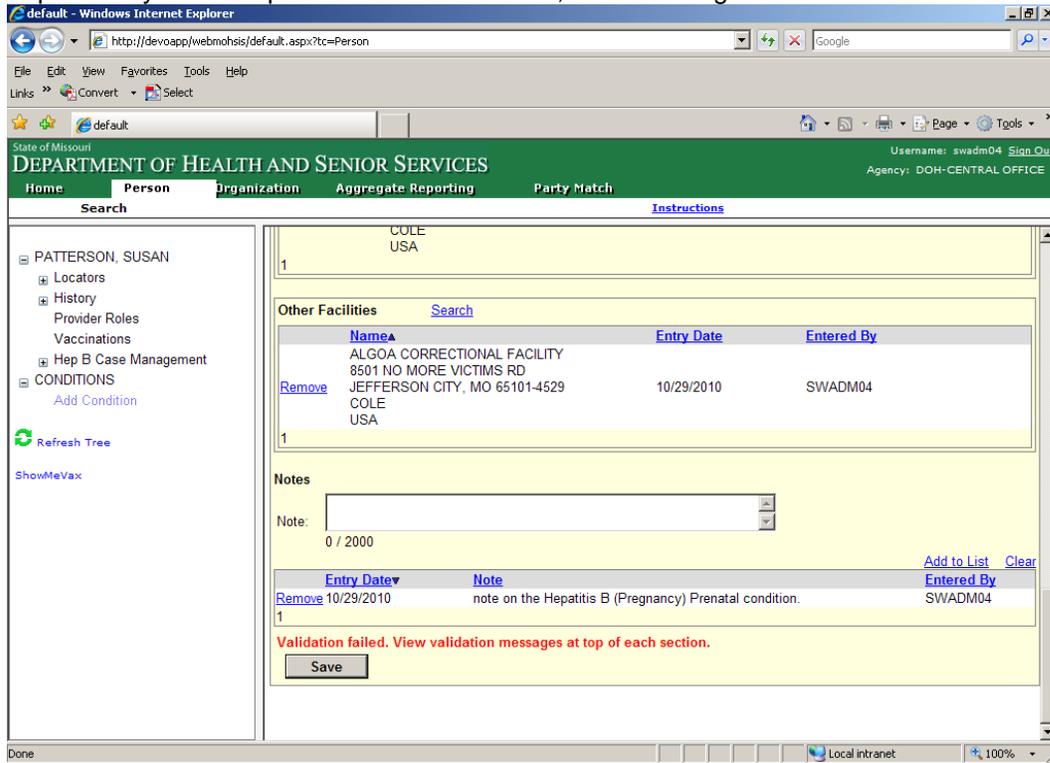
Expected System Response: The comments are added to the grid.



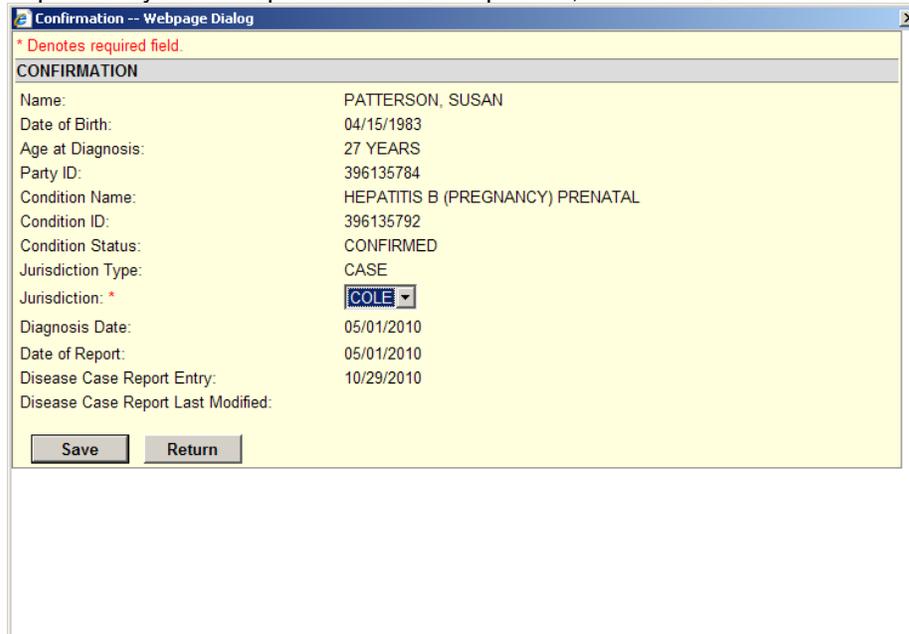
Procedure 22: Click Save

C:_sandboxes\WebSurv_Documentation\Testing\Test Plans\9_Hepatitis B Case Management\01_Add_HepB_Preg_Condition_TestPlan.doc
11/01/10

Expected System Response: Validation failed, error messages returned.



Expected System Response: Validation passed, the Save Confirmation Screen will be displayed.



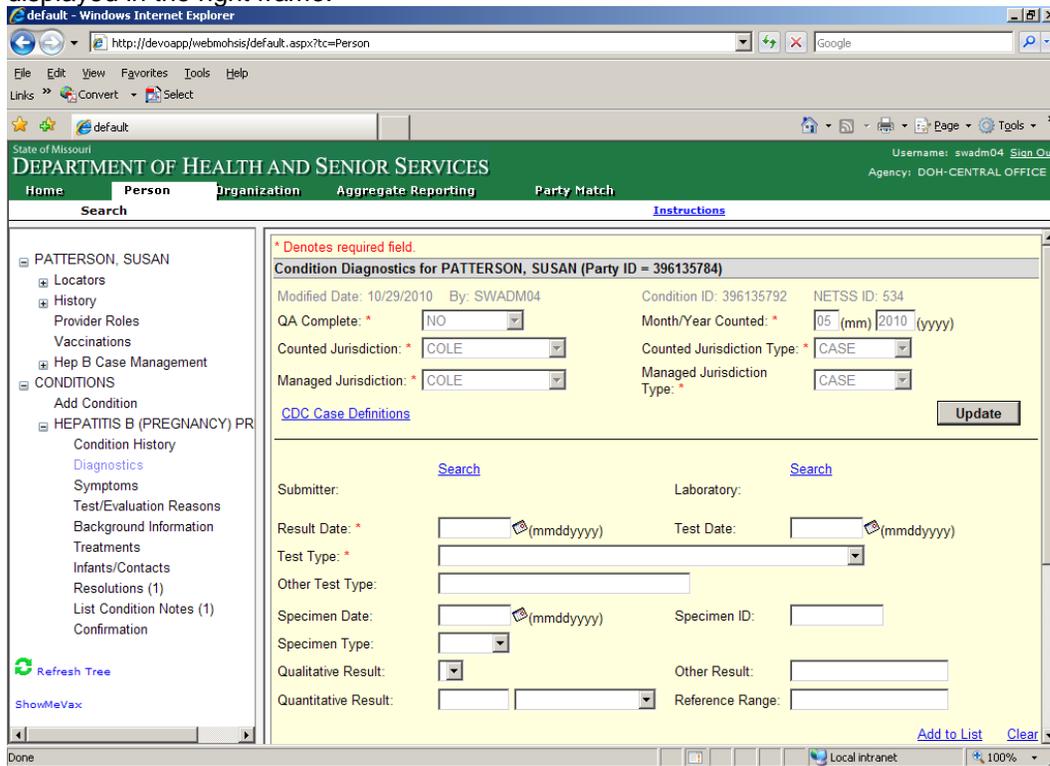
Procedure 23: If jurisdiction is not populated, select the jurisdiction and then Click Save

Expected System Response: A popup message stating the condition has been saved....



Procedure 24: Click OK.

Expected System Response: The condition is displayed in the tree and the condition tests screen is displayed in the right frame.



Test Complete