This document will be updated regularly with answers to frequently asked questions regarding MI-FPAR 2.0. As new questions are added the revision date will update.

Q1. Can I report earlier in Phase 2, if I we are ready, even if we choose a later report quarter?
A. Yes. If agencies want to report in an earlier quarter in the calendar year then previously requested they are welcome to do so. Agencies should make their Family Planning Consultant aware of this change in advance of the due date for the report quarter.

Q2. Does anyone else that has Adolescent Health Centers that do Primary Care also do FP during the Primary Care visits? Wondering how to extract that data and report

A. There is at least one other organization within the MDHHS Family Planning network that receives funding to operate a CAHC (Child Adolescent Health Clinic) cliinc. Agencies should reach out to their Family Planning Consultant for this information. Further, other agencies have been able to make this distinction by aligning clinics (e.g. FP clinic, STI clinic, Adolescent Health clinic, with 'resources' or 'locations' in their EHR, allowing them to generate reports by 'resource or location'. Agencies should talk to their EHR vendors or IT Coordinators on how to accomplish this.

Q3. What is the expectation for resolving lab test reporting for which there is no data available at that time? Should we report RNA only-one time, or report later?
A. The expectation is that local agencies will report final lab results when they are available. If there is no result available to report for a lab test, use the RNA value as a placeholder to indicate the lab result is not yet available. As final lab results become available for clients with an RNA value, the expectation is that local agencies will replace the RNA value with the final lab result so their CSV file submission to MDHHS is year-to-date.

Q4. If we report in our selected quarter and encounter issues. Can we also submit the following quarter to assure we have things fixed?
A. Yes. Furthermore, agencies are expected to submit a MI-FPAR 2.0 report in each subsequent quarter following the one they identified to initially report in.

Q5. For Phase 2 in 2023, In the event that the EMR vendor completes programming ahead of schedule, may an agency submit earlier than the designated date sent to MDHHS in

A. Yes. If agencies want to report in an earlier quarter in the calendar year then previously requested they are welcome to do so. Agencies should make their Family Planning Consultant aware of this change in advance of the due date for the report quarter.

Q6. What file format will MDHHS accept for FPAR 2.0 reporting?
A. CSV or comma-separated values file format only. This is the federally required file format.

Q7. During Phase 2, local agencies will submit pilot data to MDHHS on a quarterly basis. What time period should be represented with each quarterly data submission?
A. MDHHS expects that each quarterly data submission will be year-to-date. For example, if a local agency submits its data in quarter two, this file will contain year-to-date data for quarter one and quarter two.

Q8. What are the required fields for MI-FPAR 2.0 reporting?

A. Of the 46 data elements for MI-FPAR 2.0 reporting, there are **8 required fields** for which every encounter should have a response irrespective of the visit type. Those are, facility id (#1), patient id (#4), patient status (#45), postal zip code (#46), visit date (#5), date of birth (#6), sex at birth (#7). If a response is missing for any one of these required fields, the report will be rejected.

Q9. What data elements will result in a report 'error' if the response is not formatted correctly?
A. Facility id (#1), provider NPI (#2), zip code (#45), date of visit (#5), DOB (#6), annual income (#11), household size (#12), systolic BP (#24), diastolic BP (#25), body height (#26), body weight (#27).

Q10. Our agency indicated we'll begin reporting FPAR 2.0 in Q2 of this year, should we report one quarter of data, or year-to-date (YTD)?
A. It is preferable that you report YTD with the end date of your report being the end of the quarter in which your agency identified they would report in, and the beginning of the year (1/1/23) being the start date. If agencies have a problem with reporting YTD, and can only report one quarter's worth of data, they will only report the data from the quarter they selected to report in, however, if this is the case please let your local agency consultant know.

Q11. I do not have a MILogin account. How do I establish a MILogin account and request access to my agency's transfer area for Family Planning?
A. It is an internal decision for local Family Planning agencies as to which staff have access to their transfer area for Family Planning. It is recommended that there be at least a primary user and a back-up user. Staff from local Family Planning agencies that do not have a MILogin account will set-up a third party user account. For step-by-step instructions on establishing a new user account for MILogin, please see pages 5-7 in the File Transfer Application User Manual - MILogin Version 1.20. When agency staff are entering the requested information to establish their new user account under the "User Information" section, right below is the "Transfer Area" section where new users select their transfer area for Family Planning, which is their local agency name. Please see pages 7-9 in the File Transfer Application User Manual for more information on the "Transfer Area" section and submission of the access request.

Q12. I have a MILogin account, but do not have access to our agency's transfer area for Family Planning. How do I request access?
A. A local Family Planning agency's transfer area name in MILogin is their agency name. Existing MILogin users will select the "DCH-File Transfer" link on their MILogin homepage and then navigate to the "General" heading on the next page and then select the "Request Additional Area Access" link. Once on this page, use the "Select Area for Transfer" drop down menu to select your agency's name from the drop down menu to request access. Transfer area access requests are sent in real-time to MDHHS Family Planning staff who are the administrators for approval.

Q13. Which HPV results in the hpv_result column (i.e., which of the 3 analytes [HPV16, HPV18, HPVOTH]) should be passed and populated on the FPAR 2.0 report?
A. FPAR 2.0 reporting, HPV test results, regardless of the analytes tested, should be formatted and reported to MDHHS as one the following: P: Positive, N: Negative, D: Detected, ND: Not Detected, E: Equivocal, I: Indeterminate, RNA: Result not available at time of reporting. Office of Population Affairs (OPA) FPAR 2.0 Data Elements Workbook (https://opa.hhs.gov/sites/default/files/2022-03/FPAR2-data-elements-feb-2022.xlsx) specifies how various strains/analytes of the HPV test should be reported. The valid responses MDHHS identified for FPAR 2.0 reporting encompasses all potential response options for all potential test panels for HPV.

Q14. When a specimen is sent to the lab, there have been instances when the specimen could not be resulted by the lab. As a result, in instances when a lab is unable to complete testing on a specimen, what SNOMED or LOINC code should be passed to represent that the test was not completed?
A. Leave the result field blank when submitting to MDHHS, if confirmation has been received that the specimen could not be resulted by the lab. RNA should be used when there is no result to report at time of report submission, due to results not being available (i.e., results have not been received yet). Once results have been received for a lab test result originally reported as 'RNA', the RNA cell should be updated when submitting to MDHHS. Please note, this scenario will likely occur in CY24 at quarterly report submissions, and in CY25 when MDHHS transitions back to mid-year, year-end FPAR submissions.

Q15. What is the reporting format for systolic and diastolic blood pressure (Data elements 24 and 25)?
A. A 2 or 3 digit positive whole number is the valid value format for systolic and diastolic blood pressure when reporting to MDHHS. For example, if a client had a diastolic blood pressure of 123mmHg, the acceptable response format is "123." Likewise, if a client had a diastolic blood pressure of 84mmHg, the acceptable response format is "84."

Q16. What is the reporting format for body height (Data element 26)?
A. A positive value and one decimal point is the valid value format for body height when reporting to MDHHS. Rounding does not need to be factored when reporting body height to the nearest tenths place. For example, if a client has a documented height of 5 foot 4-and - 3/4 inches, the acceptable response format is "64.7." Likewise, if a client has a documented height of 5 foot 4-and-5/8 inches, the acceptable response format is "64.6."

Q17. What is the reporting format for body weight (Data element 27)?
A. A positive value and one decimal point is the valid value format for body weight when reporting to MDHHS. Rounding does not need to be factored when reporting body weight to the nearest tenths place. For example, if a client weighed 120 lbs 5 oz, the acceptable response format is "120.3."

Q18. How many variable columns are there for MI-FPAR 2.0?
A. 53 columns need to be displayed/reported on in a MI-FPAR 2.0 cvs file that is submitted to MDHHS.

Q19. What response option should be used if our agency is unable to report on the different public health insurance coverage types represented in its client population?
A. When a local Family Planning agency is unable to report on the different types of public health insurance coverage types represented in its client population, use the PUBLICPOL response option. PUBLICPOL is the all encompassing public health insurance coverage response option.

Q20. What response option should be used if our agency has private health insurance coverage types not represented in the available response options?
A. When a local Family Planning agency has private health insurance coverage that is not represented in the available response options, use the HIP response option. HIP is the all encompassing private health insurance coverage response option.

Q21. What response option should be used if our agency is unable to report on the different private health insruance coverage types represented in its client population?

A. When a local Family Planning agency is unable to report on the different types of private health insurance coverage types represented in its client population, use the HIP response option. HIP is the all encompassing private health insurance coverage response option.

Q22. If a client is given a cycle of birth control on-site to start and then an e-script for the rest of the year, if insured; what does an agency record for "How Contraceptive Method was Provided?" (Data Element #21) since the method was both provided on-site and by prescription to the client?

A. When recording a response option for this data element, the most immediate access the client receives for the contraceptive method should be recorded. For the above example, since birth control was provided on-site to the client to start the method, this field should be populated with the LOINC code for "provided on-site," which is LA27929-1.

Q23. If a client is pregnant or seeking pregnancy at a visit (encounter), what would be the most appropriate response for how contraceptive method was provided (Data Element #21)?

A. The most appropriate response would be “Not Clinically Relevant” (NCR) since no method of contraception would be provided to the client at that visit (encounter) because the client was pregnant or seeking pregnancy.

Q24. For clients that come to our clinic with an IUD or Nexplanon that was placed elsewhere, what would be the most appropriate response for how contraceptive method was provided (Data Element #21)?

A. The most appropriate response would be “Not Clinically Relevant” (NCR) since the client had the IUD or Nexplanon inserted elsewhere prior to coming to your agency’s clinic.

Q25. If our clinic inserted an IUD or Nexplanon for a client, and that client returns for another visit during the year, would we select “Provided On Site” for how contraceptive method was provided (Data Element #21) or “Not Clinically Relevant?”

A. The most appropriate response would be “Not Clinically Relevant” (NCR) for any return visits (encounters). “Provided On Site” is only appropriate for the visit (encounter) where the client had the IUD or Nexplanon inserted at one of your agency’s clinic locations.

Q26. For clients that list Vasectomy or Tubal Ligation as their method, what is the most appropriate response for how contraceptive method was provided (Data Element #21)?

A. The most appropriate response would be “Not Clinically Relevant” since no method would be provided at the visit (encounter) because the client has a permanent form of contraception

Q27. If a client presents with a positive pregnancy test at intake, for Data element #17 an agency would report, “NPE - None (pregnant, desires pregnancy, partner pregnant/seeking pregnancy”. What should agencies report for Data Element #18 (Reason for no contraceptive method use reported-at intake), and Data Element #20 (Reason for no contraceptive method use reported-at exit)?

A. LA46-8 ‘Other’ is the most appropriate response for Data Element #18 and Data Element #20 in this case because the client had a positive pregnancy test.

Q28. How should Plan First coverage be coded with the existing Payer for Visit (Data Element #14) responses?

A. Plan First Coverage should be coded as "Other-Government"