

Structured File Format: Registration (Appendix A)

Version Number: 2.0

FIELD NAME	TYPE	DESCRIPTION	LOOKUP
Unique Registration Code	Character (15)	Unique registration record identifier generated by the source system. (It is unique by registration record, not necessarily by patient if a given patient has more than one registration record at the same facility or different facilities.) Preferred format is a unique 5-digit number database identifier assigned by IHS, concatenated with a 10-char registration id number unique within the source system. Format is right-justified and zero-filled.	
Registration Record Create Date (character format)	Date, format CCYMMDD (8)	Date that the registration record was created on the local system. Expected format is CCYMMDD.	
Date of Last Update	Date, format CCYMMDD (8)	Date this record was last modified by the local registration/encounter system. Date format is CCYMMDD.	
Registration Status Code	Character (1)	Status of a patient registration record and all of its components, i.e. demographics, charts, aliases, and insurance eligibilities. A record may become inactive due to the death of patient, registration consolidated with another for same patient, etc. (A = Active, D = Deleted, I = Inactive)	
Chart Facility Code	Character (6)	Code to designate the facility where this chart is located.	Facility Codes (SCB)
Chart Number	Character (10)	A patient's health record number (HRN) at the specified facility. Preferred format is right-justified and zero filled.	
Title	Character (10)	Title of the patient, such as Mr., Ms., Mrs., Miss, etc.	
First Name	Character (30)	First name of the patient; could also be an alias. Required only for registration.	
Middle Name	Character (30)	Middle name of the patient; could also be an alias.	
Last Name	Character (30)	Last name of the patient; could also be an alias. Required only for registration.	
Name Suffix	Character (10)	Name suffix, such as Sr., Jr., III, etc.	
Date of Birth (character format)	Date, format CCYMMDD (8)	Patient's Date of Birth. Expected format is CCYMMDD. Registration-always required. Encounters, required only for dental.	
Date of Death (character format)	Date, format CCYMMDD (8)	Patient's Date of Death. Expected format is CCYMMDD.	
Cause of Death	Character (6)	ICD-9 code for cause of death. Preferred format is to include the dot. Nationally recognized standard code set. (http://www.cdc.gov/nchs/icd9.htm)	
Gender	Character (1)	Sex of Patient as provided by the patient's registration information. (M = Male, F = Female, U = Unknown) Required only for registration.	
Social Security Number & Pseudo-SSN Flag		Composite field consisting of the social security number (or pseudo-ssn) and a flag indicating if it is an actual ssn or a pseudo-ssn assigned by the facility.	
SSN Nine-char	Character (9)	Nine char social security number, or pseudo-ssn assigned by the facility	
SSN Pseudo Flag	Character (1)	Flag indicating whether the associated social security number value is an actual SSN, or a pseudo-ssn assigned by the facility. (P=pseudo, blank=actual) Required only when the SSN is a pseudo-SSN.	
Beneficiary Classification Code	Character (2)	Classification of the type of patient, indicating a category under which an individual can become eligible for IHS benefits. Required only for registration, if tribe code is 998 or 999	Classification Codes (SCB)
Tribe Code	Character (3)	Indian tribe code specifying patient's tribal membership. Required only for registration.	Tribe Codes (SCB)

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Blood Quantum Code	Character (1)	Code to designate whether or not the patient is an American Indian/Alaska Native and, if so, to what degree. Required only for registration, if tribe code is 998 or 999	Blood Quantum Codes (SCB)
Community of Residence Code	Character (7)	Code for the State/County/Community of Residence of the patient. Required only for registration.	Community Codes (SCB)
Date Moved To Community (character format)	Date, format CCYMMDD (8)	Date when the patient first moved to this community of residence. Expected format is CCYMMDD.	
Mailing Address Street 1	Character (50)	First line of the street address portion of this patient's mailing address, P.O. box, or rural route address of the patient.	
City	Character (30)	City or town portion of this patient's mailing address.	
State Code	Character (2)	United States Postal Service state code for this patient's mailing address.	State Codes (SCB)
Zip Code	Character (5)	Zip code (5-char) for this patient's mailing address.	
Zip Code Extension	Character (4)	The additional 4-characters that follow the 5-character zip code, if available, for this patient's mailing address.	
Father's First Name	Character (30)	Father's First Name.	
Father's Middle Name	Character (30)	Father's Middle Name.	
Father's Last Name	Character (30)	Father's Last Name.	
Mother's First Name	Character (30)	Mother's First Name.	
Mother's Middle Name	Character (30)	Mother's Middle Name.	
Mother's Maiden Last Name	Character (30)	Mother's Maiden Last Name.	
Service Eligibility Code	Character (1)	Code that specifies the types of services for which this patient was eligible. Note: Native Americans cannot be coded as ineligible.	Service Eligibility Code Lookup Table (OIT SCS)
Veteran Flag	Character (1)	Identifies a person who has previously served in the US Military. Veterans generally receive special veteran's assistance for medical bills. Note: This flag indicates if the patient is a veteran. It is NOT intended to identify all patients who are eligible for veteran's benefits. Values: Y=Veteran, blank=non-Veteran.	
Insurance Category Code	Character (3)	Type of Eligibility	Insurance Category Code Lookup Table (OIT SCS)
Coverage Type Code	Character (30)	Type of third party coverage for which the patient is eligible. Value depends on the associated insurance category code. If insurance category code = MCR or RRE, valid values for this field = A (Medicare Part A), or B (Medicare Part B). Otherwise, any free text value is accepted.	
Eligibility Start Date (character format)	Date, format CCYMMDD (8)	Date that eligibility for the specific type of coverage begins. For Medicaid and Medicare, the eligibility date; for private insurance, the effective date. Expected format is CCYMMDD.	
Eligibility End Date (character format)	Date, format CCYMMDD (8)	Date that eligibility for the specific type of coverage ends. For Medicaid and Medicare, the eligibility end date; for private insurance, the expiration date. Expected format is CCYMMDD.	
Policy Number	Character (33)	Insurance policy number.	
Insurer Name	Character (50)	Name of the insurance company.	
Insurer EIN	Character (9)	Insurer's Employer Identification Number.	
Eligibility State Code	Character (2)	Numeric IHS-specific code indicating state where a patient is eligible for Medicaid.	State Codes (SCB)
Plan Name	Character (30)	Plan Name for Medicaid Coverage. Applicable Only for Medicaid.	

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Policy Holder's First Name	Character (30)	First name of the insurance policy holder.	
Policy Holder's Middle Name	Character (30)	Middle name of the insurance policy holder.	
Policy Holder's Last Name	Character (30)	Last name of the insurance policy holder.	
Relationship to Insured	Character (17)	Patient's relationship to the insured - applicable only for Medicaid and Private insurance. (e.g. self, spouse, etc.)	
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