Non-HL7 (Structured File Format): Registration (Appendix A)

Version Number: **2.0**

FIELD NAME	TYPE	DESCRIPTION	LOOKUP
Unique Registration Code	Character (15)	This identifier is generated by the source system. Preferred format is a unique 5-digit database identifier assigned by IHS, concatenated with a unique, right justified, zero filled 10-char registration identifier from the source system.	
Registration Record Create Date (character format)	Date, format CCYYMMDD (8)	Date that the registration record was created on the local system. Expected format is CCYYMMDD.	
Date of Last Update	Date, format CCYYMMDD (8)	Date this record was last modified by the local registration/encounter system. Date format is CCYYMMDD.	
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 (SCB)
Chart Number	Character (10)	A patient's record number 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 CCYYMMDD (8)	Patient's Date of Birth. Expected format is CCYYMMDD. Registration-always required. Encounters, required only for dental.	
Date of Death (character format)	Date, format CCYYMMDD (8)	Patient's Date of Death. Expected format is CCYYMMDD.	
Cause of Death	Character (6)	ICD-9 code for cause of death. Preferred format is to include the dot. Nationally recognized standard code set.	Diagnosis Codes (Industry SCS)
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 (Beneficiary) (SCB)
Tribe Code	Character (3)	Indian tribe code specifying patient's tribal membership. Required only for registration.	Tribe (SCB)
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 (SCB)

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FIELD NAME	TYPE	DESCRIPTION	LOOKUP
Community of Residence Code	Character (7)	Code for the State/County/Community of Residence of the patient. Required only for registration.	Community (SCB)
Date Moved To Community (character format)	Date, format CCYYMMDD (8)	Date when the patient first moved to this community of residence. Expected format is CCYYMMDD.	
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 (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 Codes (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 Codes (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 CCYYMMDD (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 CCYYMMDD.	
Eligibility End Date (character format)	Date, format CCYYMMDD (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 CCYYMMDD.	
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 (SCB)
Plan Name	Character (30)	Plan Name for Medicaid Coverage. Applicable Only for Medicaid.	
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.	

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FIELD NAME	TYPE	DESCRIPTION	LOOKUP
Policy Holder's Last Name	Character (30)	Last name of the insurance policy holder.	
Relationship to Insured	Character (17)	Patient's relationship to insured (e.g. self, spouse, etc.). The description associated with the X12 Relation to Insured code set is preferred.	
Insurance Category Code	Character (3)	Type of Eligibility	Insurance Category Codes (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.	
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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.	
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Plan Name	Character (30)	Plan Name for Medicaid Coverage. Applicable Only for Medicaid.	
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.	
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