RESOURCE AND PATIENT MANAGEMENT SYSTEM

Patient Registration

(AG)

Addendum to User Manual

Version 7.1 Patch 17
November 2023

Office of Information Technology
Division of Information Resource Management

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Preface

The Patient Registration system (AG) is an application that exists in the Resource Patient Management System (RPMS). The system is used to register and manage patient records and is used for all other RPMS applications. Statistics and data are gathered from the Patient Registration system.

A Windows-based interface has been developed. Please reference the documentation for the Practice Management System (BPRM), Patient Registration for updates.

1.0   Introduction

Please review these changes and add a copy of them to any printed documentation your site may be using for Patient Registration (AG) v7.1. These changes will be integrated into future versions of the software, and user manuals and will no longer be considered an addendum at the time of the next release.

The addendum only provides guidance on changes made in the patch that are relevant to the user. To see a list of all changes made in a patch, please refer to the patch notes for each of the respective patches.

1.1   HHS Social Security Number (SSN) Reduction and Elimination

The HHS Information Systems Security and Privacy Policy (IS2P), published in July 2014, which establishes the Department's policy for the collection and use of SSNs. A memorandum includes the criteria for determining when collections and uses of the SSNs at HHS is authorized, process for reviewing and approving these collections and uses of SSNs, processes for establishing SSN inventories, and steps to take to reduce and eliminate unnecessary use of SSNs.

1.2   Summary of Changes

This patch contains changes to support the Social Security Number Fraud Prevention Act of 2017 and the Social Security Number Reduction Act.

P17 provides enhancements and software fixes to v7.1 of the Patient registration application. Specifically, this patch adds the following functionality:

- Patient Preferred Name (PPN) display for the EMB/IND/FIE options
- Social Security Number (SSN) edit/view requires Security key (AGZVIEWSSN)
- New Cell Phone Number field for Add/Edit options
- Cell phone number display on Face Sheet
- New Advance Directive and Notice of Privacy Practices error/warnings
- Inactive Communities are filtered out from selection list and are marked inactive in Community History
- Updated code of MPI

2.0   Patch 17 Changes

2.1   Patient Preferred Name (PPN)

The PPN will display if a preferred name has been entered in Patient Registration. The display shows as **Demo,Patient – Preferred Name***.

> **Note:** Preferred name field and lookup was released in AG v7.1 p15. Refer to p15 addendum for more details.

The following menu options have been modified to display the PPN.

2.1.1   Print Face Sheet, Index card, Embossed card

The PPN displays on the printed Face sheet, Index card and Embossed card **[AG – PTRG – FIE or FAC]** as follows:

```
                    *** CONFIDENTIAL PATIENT INFORMATION ***
                        2021 DEMO HOSPITAL (INST)
                      AMBULATORY CARE RECORD BRIEF
                      -----------------------------
JUL 12, 2023@08:11:09                                           Page: 1
===============================================================================
PATIENT: DEMO,PATIENT - PREFERRED NAME*                  CHART #: 500001
===============================================================================
COMPUTER FILE EST: JUL 20, 2020()              LAST EDIT: JUL 11, 2023 (GT)
-------------------------------------------------------------------------------

CLASS: COAST GUARD                              BIRTH SEX: FEMALE
COMMUNITY: BABCOCK                                BIRTHDAY: JAN 01, 2020
   COUNTY: WOOD                                       AGE: 3 YRS
CURRENT ADDRESS:
    1234 Main Street
    YOURTOWN, OKLAHOMA 76777
PHONE NUMBERS ---
HOME: 515-411-8744        WORK:
CELL: 515-658-9090        OTHER:
RACE: ARMENIAN                               ETHNICITY: CASTILLIAN
PREFERRED LANGUAGE: ENGLISH                    PREFERRED METHOD:
NUMBER IN HOUSEHOLD:        TOTAL HOUSEHOLD INCOME:  /
```

Figure 2-1: Face Sheet displays PPN

2.1.2   Print Tub-File INDEX Cards

The PPN displays on the printed INDEX card **[AG – PTRG – FIE or IND]** as follows:

```
DEMO,PATIENT - Preferred Name*              500001
--------------------------------------------------
JAN 01, 2020          FEMALE           XXX-XX-5555
--------------------------------------------------
1234 Main Street              HOME PH: 515-411-8744
YOURTOWN OK 76777
--------------------------------------------------
CARD PRINTED: JUL 07, 2023
```

Figure 2-2: Printed Index Card displays PPN

2.1.3   Print an EMBOSSED CARD

The PPN displays on the printed embossed card **[AG – PTRG – FIE or EMB]** as follows:

```
DEMO HOSP

(500001)

DEMO,PATIENT - PREFERRED NAME*
JAN 01, 1976   2   000   001
                     107-49-38>
```

Figure 2-3: Printed Embossed Card displays PPN

2.2   Social Security Number (SSN)

Patient Registration **[AG – PTRG – ADD / EPT]** Social Security field requires the AGZVIEWSSN security key to edit or delete the patient's SSN. Upon initial entry using the ADD option, the user is allowed to enter the SSN without the key assigned.

If the user without the keys attempts to edit the SSN field the following message will be displayed:

User is not authorized to edit SSN information.

> **Note:** A SSN cannot be deleted if it is in a "Verified by SSN" status.

Below are examples of the display for a user who does **not** hold the AGZVIEWSSN security key:

```
IHS REGISTRATION EDITOR  (page 1)                   2021 DEMO HOSPITAL INST)
===============================================================================
DEMO,ADULT A                                        HRN:76907
===============================================================================
 1.      ELIGIBILITY STATUS : CHS & DIRECT
 2.           DATE OF BIRTH : 01/01/1970
 3.   PLACE OF BIRTH [CITY] :        4.ST :
 5.              BIRTH SEX : FEMALE
 6.   SOCIAL SECURITY NUMBER : XXXXXXXXX(Not yet verified by the SSA)
 7.          MARITAL STATUS :
 8.        CURRENT COMMUNITY : BABBITT
 9.    RX PATIENT RESIDENCE :
-------------------------------------------------------------------------------
10.STREET ADDRESS [LINE 1] :
11.STREET ADDRESS [LINE 2] :
12.STREET ADDRESS [LINE 3] :
13.                  CITY :       14.ST :           15.ZIP+4 :
16.       LOCATION OF HOME :
-------------------------------------------------------------------------------
17.PHONE NUMBER [RESIDENCE] :             18.WORK PHONE :
19.          OTHER PHONE :               20.CELL PHONE :
===============================================================================
Last edited by: DEMO,TESTER on May 23, 2023
===============================================================================
CHANGE which item? (1-20) NONE//:
```

Figure 2-4: SSN Entered Not Verified: Example 1

```
IHS REGISTRATION EDITOR  (page 1)                   2021 DEMO HOSPITAL INST)
===============================================================================
DEMO,ALISTER LANE - ALLEY*                          HRN:124625
===============================================================================
 1.      ELIGIBILITY STATUS : DIRECT ONLY
 2.           DATE OF BIRTH : 05/20/1980
 3.   PLACE OF BIRTH [CITY] : CANE VALLEY      4.ST : AZ
 5.              BIRTH SEX : MALE
 6.   SOCIAL SECURITY NUMBER : XXXXXXXXX(Verified by SSA)
 7.          MARITAL STATUS : NEVER MARRIED
 8.        CURRENT COMMUNITY : KINGFISHER
 9.    RX PATIENT RESIDENCE :
-------------------------------------------------------------------------------
10.STREET ADDRESS [LINE 1] : P.O. Box 1301
11.STREET ADDRESS [LINE 2] :
12.STREET ADDRESS [LINE 3] :
13.                  CITY : ALB      14.ST : NM         15.ZIP+4 : 87119
16.       LOCATION OF HOME :
-------------------------------------------------------------------------------
17.PHONE NUMBER [RESIDENCE] : 555-555-5994  18.WORK PHONE :
19.          OTHER PHONE :               20.CELL PHONE :
===============================================================================
Last edited by: DEMO,TESTER on Jul 07, 2023
===============================================================================
CHANGE which item? (1-20) NONE//:
```

Figure 2-5: SSN Entered Verified: Example 2

```
IHS REGISTRATION EDITOR  (page 1)                    2021 DEMO HOSPITAL INST)
=============================================================================
DEMO,DOMINO                                              HRN:999595
=============================================================================
 1.      ELIGIBILITY STATUS : CHS & DIRECT
 2.           DATE OF BIRTH : 09/01/1998
 3.    PLACE OF BIRTH [CITY] : GALLUP      4.ST : NM
 5.              BIRTH SEX : FEMALE
 6.   SOCIAL SECURITY NUMBER : Not Available
 7.          MARITAL STATUS : MARRIED
 8.        CURRENT COMMUNITY : BABCOCK
 9.    RX PATIENT RESIDENCE :
-----------------------------------------------------------------------------
10.STREET ADDRESS [LINE 1] : 5211 AVENUE A
11.STREET ADDRESS [LINE 2] :
12.STREET ADDRESS [LINE 3] :
13.                   CITY : YOURTOWN    14.ST :      15.ZIP+4 :
16.        LOCATION OF HOME :
-----------------------------------------------------------------------------
17.PHONE NUMBER [RESIDENCE] :              18.WORK PHONE :
19.            OTHER PHONE :              20.CELL PHONE :
=============================================================================
Last edited by: DEMO,TESTER on Jul 07, 2023
=============================================================================
CHANGE which item? (1-20) NONE//:
```

Figure 2-6: SSN Not Entered Not Available Reason: Example 3

```
IHS REGISTRATION EDITOR  (page 1)                    2021 DEMO HOSPITAL(INST)
=============================================================================
DEMO,TODDLER                                            HRN:955555
=============================================================================
 1.      ELIGIBILITY STATUS : CHS & DIRECT
 2.           DATE OF BIRTH : 03/10/2021
 3.    PLACE OF BIRTH [CITY] :      4.ST :
 5.              BIRTH SEX : MALE
 6.   SOCIAL SECURITY NUMBER : Patient refused
 7.          MARITAL STATUS : UNKNOWN
 8.        CURRENT COMMUNITY : ROSEBUD
 9.    RX PATIENT RESIDENCE :
-----------------------------------------------------------------------------
10.STREET ADDRESS [LINE 1] :
11.STREET ADDRESS [LINE 2] :
12.STREET ADDRESS [LINE 3] :
13.                   CITY :      14.ST :              15.ZIP+4 :
16.        LOCATION OF HOME :
-----------------------------------------------------------------------------
17.PHONE NUMBER [RESIDENCE] :              18.WORK PHONE :
19.            OTHER PHONE :              20.CELL PHONE :
=============================================================================
Last edited by: DEMO,TESTER on Jul 07, 2023
=============================================================================
CHANGE which item? (1-20) NONE//:
```

Figure 2-7: SSN Not Entered Patient Refused Reason: Example 4

```
IHS REGISTRATION EDITOR  (page 1)                    2021 DEMO HOSPITAL
INST)====================================================================

DEMO,PATIENT - Preferred Name*                          HRN:500001
====================================================================
 1.        ELIGIBILITY STATUS : DIRECT ONLY
 2.            DATE OF BIRTH : 01/01/2020
 3.   PLACE OF BIRTH [CITY] :      4.ST :
 5.              BIRTH SEX : FEMALE
 6.  SOCIAL SECURITY NUMBER : Patient will submit
 7.          MARITAL STATUS : MARRIED
 8.       CURRENT COMMUNITY : BABCOCK
 9.    RX PATIENT RESIDENCE : 1
 --------------------------------------------------------------------
 10.STREET ADDRESS [LINE 1] : 1234 Main Street
 11.STREET ADDRESS [LINE 2] :
 12.STREET ADDRESS [LINE 3] :
 13.                 CITY : YOURTOWN      14.ST : OK    15.ZIP+4 : 76777
 16.        LOCATION OF HOME :
 --------------------------------------------------------------------
 17.PHONE NUMBER [RESIDENCE] : 515-411-8744  18.WORK PHONE :
 19.            OTHER PHONE :              20.CELL PHONE :
====================================================================
Last edited by: DEMO,TESTER on Jul 07, 2023
====================================================================
CHANGE which item? (1-20) NONE//:
```

Figure 2-8: SSN Not Entered Patient Will Submit Reason: Example 5

2.3   New Cell Phone Number field

Patient Registration **[AG – PTRG – ADD / EPT]** was modified to allow user to add/edit Cell Phone Number when adding or editing patient registration.

```
PHONE NUMBER  [RESIDENCE] :  555-654-7777

9001 SHADY LANE
SACRAMENTO, CALIFORNIA  99911
555-654-7777

Is this address correct?  Y/ /  YES

Adding to PREVIOUS MAIL ADDRESSES FIELD…

PHONE NUMBER[WORK]: 333-9876541
OTHER PHONE: 333-8824141
PHONE NUMBER [CELLULAR]: 555-222-9876
```

Figure 2-9: Add New Patient (Partial display) Adding Cell Phone Number

```
DEMO,PATIENT - PATIENT*                                    HRN:999102
===============================================================================
1.      ELIGIBILITY STATUS : CHS & DIRECT
2.           DATE OF BIRTH : 03/27/2001
3.   PLACE OF BIRTH [CITY] :      4.ST : AZ
5.               BIRTH SEX : FEMALE
6.  SOCIAL SECURITY NUMBER :
7.          MARITAL STATUS : MARRIED
8.       CURRENT COMMUNITY : DENVER

9.   RX PATIENT RESIDENCE : 1
-------------------------------------------------------------------------------
10.STREET ADDRESS [LINE 1] : 9111 EAST RIVER RD
11.STREET ADDRESS [LINE 2] :
12.STREET ADDRESS [LINE 3] :
13.                   CITY : DENVER     14.ST : CO      15.ZIP+4 : 32147
16.       LOCATION OF HOME :
-------------------------------------------------------------------------------
17.PHONE NUMBER [RESIDENCE] :              18.WORK PHONE :
19.           OTHER PHONE :                20.CELL PHONE :
===============================================================================
-------------------------------------------------------------------------------
Last edited by: DEMO,TESTER on Jul 06, 2023
===============================================================================
CHANGE which item? (1-20) NONE//:
```

Figure 2-10: Patient Registration Page 1 Cell Phone Number Field

```
                    *** CONFIDENTIAL PATIENT INFORMATION ***
                          2021 DEMO HOSPITAL (INST)
                        AMBULATORY CARE RECORD BRIEF
                        -----------------------------
JUL 12, 2023@08:11:09                                            Page: 1
===============================================================================
PATIENT: DEMO,PATIENT - PREFERRED NAME*                CHART #: 500001
===============================================================================
COMPUTER FILE EST: JUL 20, 2020()              LAST EDIT: JUL 11, 2023 (GT)
-------------------------------------------------------------------------------

CLASS: COAST GUARD                              BIRTH SEX: FEMALE
COMMUNITY: BABCOCK                              BIRTHDAY: JAN 01, 2020
   COUNTY: WOOD                                 AGE: 3 YRS
CURRENT ADDRESS:
    1234 Main Street
    YOURTOWN, OKLAHOMA 76777
PHONE NUMBERS ---
HOME: 515-411-8744        WORK:
CELL: 515-658-9090        OTHER:
RACE: ARMENIAN                          ETHNICITY: CASTILLIAN
PREFERRED LANGUAGE: ENGLISH                PREFERRED METHOD:
NUMBER IN HOUSEHOLD:         TOTAL HOUSEHOLD INCOME:  /
```

Figure 2-11: Face sheet displaying Cell Phone Number

2.4   Advance Directive and Notice of Privacy Practices

Modifications were made to include error/warnings for Advance Directive (AD) and Notice of Privacy Practices (NPP) data. Warning displays when Editing an existing Registration on (page 9) **[AG – PTRG – EPT]**. These errors/warnings are also included in the Print Field Audit Report **[AG – PTRG – RPT – ERP]**.

> **Note:** Warnings do not generate if patient is deceased or has been inactivated.

```
IHS REGISTRATION EDITOR  (page 9)                  2021 DEMO HOSPITAL (INST)
==============================================================================
DEMO,ALISTER LANE - ALLEY*                              HRN:124625 DIRECT ONLY
==============================================================================
                      CHS Eligibility & Document Summary
1.REASON FOR DIRECT ONLY :
------------------------------------------------------------------------------
2. STATUS OF MEDICAL RECORD :
3. OTHER LEGAL DOCUMENTS :  STATE MOTOR VEHICLE DRIVER'S LICENSE
4. ADVANCE DIRECTIVES :
------------------------------------------------------------------------------
5.REL OF INFORMATION :                    6.ASSIGNMENT OF BENEFITS :
------------------------------------------------------------------------------
7.NOTICE OF PRIVACY PRACTICES (NPP) REC'D BY PATIENT :
8.ACKNOWLEDGEMENT OF RECEIPT OF NPP SIGNED :
9.RESTRICTED HEALTH INFORMATION :
==============================================================================
***WARNING 055: Advance Directives missing
***WARNING 056: NPP received by patient information is missing
------------------------------------------------------------------------------
Last edited by: DEMO,TESTER on Jul 07, 2023
==============================================================================
CHANGE which item? (1-9) NONE// :
```

Figure 2-12: Patient Registration Screen Displaying AD and NPP warnings

```
              2021 DEMO HOSPITAL (INST)              PAGE  4
                   Patient Registration Errors/Warnings
                        AUDIT SUMMARY REPORT
                        Jul 11, 2023@14:49:15
WARNING                                             total # of
NUMBER        ERROR LIST                            Patient w/Errors
------        ---------------------------------     --------------
040      Patient's Homeless information incomplete             2202
054      Patient's Birth Sex Unknown                             21
055      Advance Directives missing                            2873
056      NPP received by patient information is missing         759
```

Figure 2-13: Field Audit Report Displaying AD and NPP Errors/Warnings - Summary Format

```
 2021 DEMO HOSPITAL (INST)                  PAGE  1
                   Patient Registration Errors/Warnings
                        AUDIT DETAIL REPORT
                      Jul 11, 2023@15:32:01


055 WARNING:    Advance Directives missing
CORRECTIVE ACTION: Advance directives information is missing for the
                patient. Add advance directive information on
                page 9.
==============================================================================
   Name               IHS #          FACILITY                    DOB
==============================================================================
DEMO,PATIENTA          100278(94)     2021 DEMO HOSPITAL (INST)    MAR 31, 2017
DEMO,PATIENTB          100720(228)    2021 DEMO HOSPITAL (INST)    MAR 23, 2017
DEMO,PATIENTC          100841(264)    2021 DEMO HOSPITAL (INST)    AUG 22, 2022
DEMO,PATIENTD          101106(345)    2021 DEMO HOSPITAL (INST)    NOV 3, 2016
DEMO,PATIENTE          101349(415)    2021 DEMO HOSPITAL (INST)    JUL 30, 2016
```

Figure 2-14: Field Audit Report displaying AD errors/warnings – Detail format

```
 2021 DEMO HOSPITAL (INST)                  PAGE  1
                   Patient Registration Errors/Warnings
                        AUDIT DETAIL REPORT
                      Jul 11, 2023@15:32:01


056 WARNING:    NPP received by patient information is missing
CORRECTIVE ACTION: NPP information is missing. Add notice of privacy
                practices information for the patient.


==============================================================================
   Name               IHS #          FACILITY                    DOB
==============================================================================
DEMO,PATIENTA          100278(94)     2021 DEMO HOSPITAL (INST)    MAR 31, 2017
DEMO,PATIENTB          100720(228)    2021 DEMO HOSPITAL (INST)    MAR 23, 2017
DEMO,PATIENTC          100841(264)    2021 DEMO HOSPITAL (INST)    AUG 22, 2022
DEMO,PATIENTD          101106(345)    2021 DEMO HOSPITAL (INST)    NOV 3, 2016
DEMO,PATIENTE          101349(415)    2021 DEMO HOSPITAL (INST)    JUL 30, 2016
```

Figure 2-15: Field Audit Report Displaying NPP Errors/Warnings – Detail Format

2.5   Inactive Community

Modifications were made to prevent the user from selecting an inactive community. The selection list will **not** display an inactive community based on the date moved.

Note: The community codes are managed in the Standard Code book. Contact your Area Statistician for any community code updates. Refer to the IHS Standard Code Book website for the latest list of active/inactive community codes.

Example: KAKE has two entries with one being inactivated on April 1, 2018 and another is still active. If the Date Moved is before April 1, 2018, the two selections will be listed, otherwise a Date Moved today would only display Kake, County: Prince of Wales-Hyder.

```
NAME: KAKE
COUNTY: PETERSBURG CENSUS AREA       STATE: ALASKA
SERVICE UNIT: MT EDGECUMBE           AREA: ALASKA TRIBE/638
CODE: 042                    STCTYCOM INDEX: 0222042
INACTIVE DATE: APR 01, 2018

_____


NAME: KAKE
COUNTY: PRINCE OF WALES-HYDER STATE: ALASKA
SERVICE UNIT: MT EDGECUMBE           AREA: ALASKA TRIBE/638
CODE: 042                    STCTYCOM INDEX: 0216042
```

Figure 2-16: Example of Active/Inactive Communities

Modifications were made to indicate "Inactive" Communities in the Community History.

```
IHS REGISTRATION EDITOR   (page 1)              2021 DEMO HOSPITAL INST)
==============================================================================
DEMO,ALISTER LANE - ALLEY*                          HRN:124625
==============================================================================
 1.       ELIGIBILITY STATUS : DIRECT ONLY
 2.           DATE OF BIRTH : 05/20/1980
 3.   PLACE OF BIRTH [CITY] : CANE VALLEY      4.ST : AZ
 5.             BIRTH SEX : MALE
 6.   SOCIAL SECURITY NUMBER : XXXXXXXXX(Verified by SSA)
 7.         MARITAL STATUS : NEVER MARRIED
 8.      CURRENT COMMUNITY : KINGFISHER
 9.    RX PATIENT RESIDENCE :
------------------------------------------------------------------------------
 10.STREET ADDRESS [LINE 1] : P.O. Box 1301
 11.STREET ADDRESS [LINE 2] :
 12.STREET ADDRESS [LINE 3] :
 13.               CITY : ALB      14.ST : NM        15.ZIP+4 : 87119
 16.       LOCATION OF HOME :
------------------------------------------------------------------------------
 17.PHONE NUMBER [RESIDENCE] : 555-555-5994  18.WORK PHONE :
 19.           OTHER PHONE :              20.CELL PHONE :
==============================================================================
Last edited by: WOMACK,TAMMY on Jul 07, 2023
==============================================================================
CHANGE which item? (1-20) NONE//: 8
  Select DATE MOVED: JUL 07, 2023// ??

  Choose from:
  2880000        SEP 11, 1988   PABLO
  2990000        APR 04, 2018   WILD LAKE                       *INACTIVE*
  3230707        JUL 07, 2023   KINGFISHER
```

Figure 2-17: Community History with Indicator for Inactive Communities

2.6   Updated code for MPI change

Code references to AGMPI* routines were removed. These changes affect the generation of HL7 messages and do not impact patient registration functionality.

Acronym List

Acronym	Term Definition
CAH	Critical Access Hospital
CDC	Centers for Disease Control
CEHRT	Certified EHR Technology
CMS	Centers for Medicare and Medicaid Services
EHR	Electronic Health Record
HL7	Health Level 7
IHS	Indian Health Service
IT	Information Technology
LGBT	Lesbian, Gay, Bisexual, Transgender
MPI	Master Patient Index
ONC	Office of the National Coordinator
RPMS	Resource and Patient Management System
PPN	Patient Preferred Name
SSN	Social Security Number
SOGI	Sexual Orientation Gender Identity
UDS	Uniform Data System

Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

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Web: https://www.ihs.gov/helpdesk/

Email: support@ihs.gov