RESOURCE AND PATIENT MANAGEMENT SYSTEM

Practice Management Application Suite

(BPRM)

Patient Registration Module User Manual

Version 4.0
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Table of Contents

1.0 Introduction ... **1**

2.0 Patient Registration ... **2**

2.1 Registering a New Patient ... 2
2.1.1 Discard and Save ... 17
2.1.2 Print Options ... 17
2.2 Duplicate SSN and/or HRN ... 20
2.3 Duplicate Patient Check on Register Patient ... 21

3.0 Patient Banner ... **22**

3.1 Search/Open a Patient Record ... 23
3.1.1 Recent Patients List ... 23
3.2 Registering a Patient to a New Facility or Division ... 24

4.0 Profile ... **26**

4.1 Demographics ... 27
4.1.1 Demographics ... 29
4.1.2 Ethnicity Information ... 32
4.1.3 Race Information ... 33
4.1.4 Languages ... 34
4.1.5 Migrant Worker and Homeless ... 35
4.1.6 Save ... 36
4.1.7 Discarding Demographics Information ... 36
4.2 Address/Email/Internet ... 36
4.3 Tribe and Eligibility Status Selection ... 40
4.3.1 Other Tribes ... 43
4.4 Legal Name ... 44
4.4.1 Adding a New Legal Name ... 44
4.5 Preferred/Other Names ... 45
4.6 HRN/Record Disposition ... 46
4.6.1 Health Record Number ... 47
4.7 SO/GI ... 49
4.7.1 Adding/Editing SO/GI Information ... 49
4.8 Emergency Contact / Next of Kin ... 54
4.8.1 Emergency Contact ... 54
4.8.2 Next of Kin ... 55
4.9 Family Information ... 56
4.9.1 Father’s Information ... 57
4.9.2 Mother’s Information ... 58
4.9.3 Household Income Information ... 58
4.10 Restricted Health Info ... 59
4.11 Death Information ... 61
4.12 Notice of Privacy Practices ... 62

4.13 PHR Access (PHR Access/Handout) 64
4.13.1 PHR Access 64
4.13.2 PHR Handout 65
4.14 Advance Directives 66
4.15 Veteran Status 67
4.16 Legal Documents 69
4.17 AOB/ROI 71
4.17.1 Assignment of Benefits 71
4.17.2 Release of Information 72
4.18 Record Flag 73
4.18.1 Patient Record Flags Categories 73
4.18.2 Add a Record Flag 73
4.18.3 Edit a Record Flag Assignment 75
4.19 Notes 79

5.0 Errors/Warnings 80

6.0 Insurance 81

6.1 Insurance Coverage 81
6.1.1 Adding Insurance 82
6.1.2 Adding Private Insurance Coverage 83
6.1.3 Adding New Policy Members to Private Insurance 92
6.1.4 Editing a Policy Member to Private Insurance 93
6.1.5 Adding Medicare Coverage 93
6.1.6 Adding Railroad Retirement Insurance 96
6.1.7 Adding Medicare Part D 99
6.1.8 Editing Medicare Part D 100
6.1.9 Adding Medicaid Coverage 100
6.1.10 Adding Third Party Liability Insurance 103
6.1.11 Adding Workmen’s Compensation Insurance 105
6.1.12 Adding a Guarantor 107
6.2 Insurance Sequence 109
6.2.1 Sequence Type 110
6.2.2 Adding a Sequence 110
6.2.3 Deleting a Sequence 112
6.3 MSP Survey 113

7.0 Prior Authorization 114

7.1 Adding a Prior Authorization 114
7.1.1 Adding an Additional Authorizing Contact 117
7.1.2 Adding Additional Days/Visits 118
7.1.3 Edit Prior Authorization Details 119
7.2 Filtering Prior Authorizations 120

8.0 Benefits Cases 122

8.1 Adding a Benefits Case 122
8.2 Adding an Application 125

8.3 Editing a Case and Application 128
8.3.1 Submit an Application 129
8.4 History of an Application 129
8.5 Closing a Benefits Case 130
8.6 Re-Open a Benefits Case 131

9.0 Patient Registration Configuration 133

9.1 Category II (Local Flag) 134
9.1.1 Sorting the Category II (Local Flag) Listing 134
9.1.2 Adding Category II (Local Flag) 134
9.1.3 Editing Category II (Local Flag) 136
9.2 Eligibility Modifiers Settings 136
9.2.1 Filtering and Sorting the Eligibility Modifiers Listing 137
9.2.2 Adding Eligibility Modifiers 137
9.2.3 Editing Eligibility Modifiers 138
9.3 Employers 139
9.3.1 Adding an Employer 139
9.3.2 Editing an Employer 140
9.4 Group Insurance Plan 141
9.4.1 Filtering and Sorting the Group Insurance Plan Listing 142
9.4.2 Adding Group Insurance Plan 142
9.4.3 Editing Group Insurance Plan 143
9.5 Insurer Settings 145
9.5.1 Adding an Insurer 147
9.5.2 Editing an Insurer 148
9.6 Patient Application Type Settings 149
9.6.1 Adding a Patient Application Type 150
9.6.2 Editing a Patient Application Type 150

10.0 Registration Reports 152

10.1 Reports Module Overview 152
10.1.1 Reports – Preview and Print Options 152
10.1.2 Reports – Page Selection 152
10.1.3 Reports – Zoom Options 153
10.2 Registration Report Types 153
10.2.1 Benefit Cases Report 154
10.2.2 Benefit Case Report – Coordinator Productivity 155
10.2.3 Daily Activity Report 157
10.2.4 Insurance Coverage Report 159
10.2.5 Prior Authorization Report 162

Appendix A: Rules of Behavior 165

A.1 All RPMS Users 165
A.1.1 Access 165
A.1.2 Information Accessibility 166
A.1.3 Accountability 166

A.1.4 Confidentiality 167
A.1.5 Integrity 167
A.1.6 System Logon 167
A.1.7 Passwords 168
A.1.8 Backups 168
A.1.9 Reporting 169
A.1.10 Session Timeouts 169
A.1.11 Hardware 169
A.1.12 Awareness 170
A.1.13 Remote Access 170
A.2 RPMS Developers 170
A.3 Privileged Users 171

Acronym List 174

Contact Information 175

Preface

The Practice Management Application Suite (PMAS) V4.0 is a browser-accessible graphical user interface (GUI) for the Indian Health Service (IHS) Resource and Patient Management System (RPMS) applications.

The Patient Registration Module provides for the entry of new patients and editing the records of those already registered at a medical facility. The patient data managed with PMAS is crucial to the third-party billing of patient care. Appropriate caution and checking should be employed to ensure that accurate data is entered into the patient registration system and, subsequently, transmitted to the National Patient Information Resource System (NPIRS).

1.0 Introduction

The Practice Management Application Suite (BPRM) V4.0 represents a forward step in the streamlining of IHS record and patient management. Using any web browser, such as Microsoft Edge, Google Chrome, Mozilla Firefox, etc., a consistent GUI and module-based architecture is provided. This not only simplifies record and patient management, but also allows for future expansion of the scope and capabilities of the system.

This user manual describes the use of the Practice Management Application Suite (PMAS) Patient Registration module, registration-related reports provided by the Reports module, and options in the Settings module that affect patient registration. It also describes the Benefits Cases and Prior Authorizations modules. A separate manual, the *Practice Management Application Suite (BPRM) Application Overview User Manual*, gives a description of the BPRM application suite, and individual user manuals are available for the other modules in the suite.

2.0 Patient Registration

This chapter discusses how to register a new patient, and it provides a brief overview of how to view an existing patient record. Subsequent chapters provide a more detailed description of the various patient registration functions within **PMAS Patient Registration** module.

2.1 Registering a New Patient

To register a new patient, click **Register Patient** (Figure 2-1) in the **Application Toolbar**.

Figure 2-1: Register Patient button in the Application Toolbar

This displays the **Register Patient** window (Figure 2-2, Figure 2-3, and Figure 2-4).

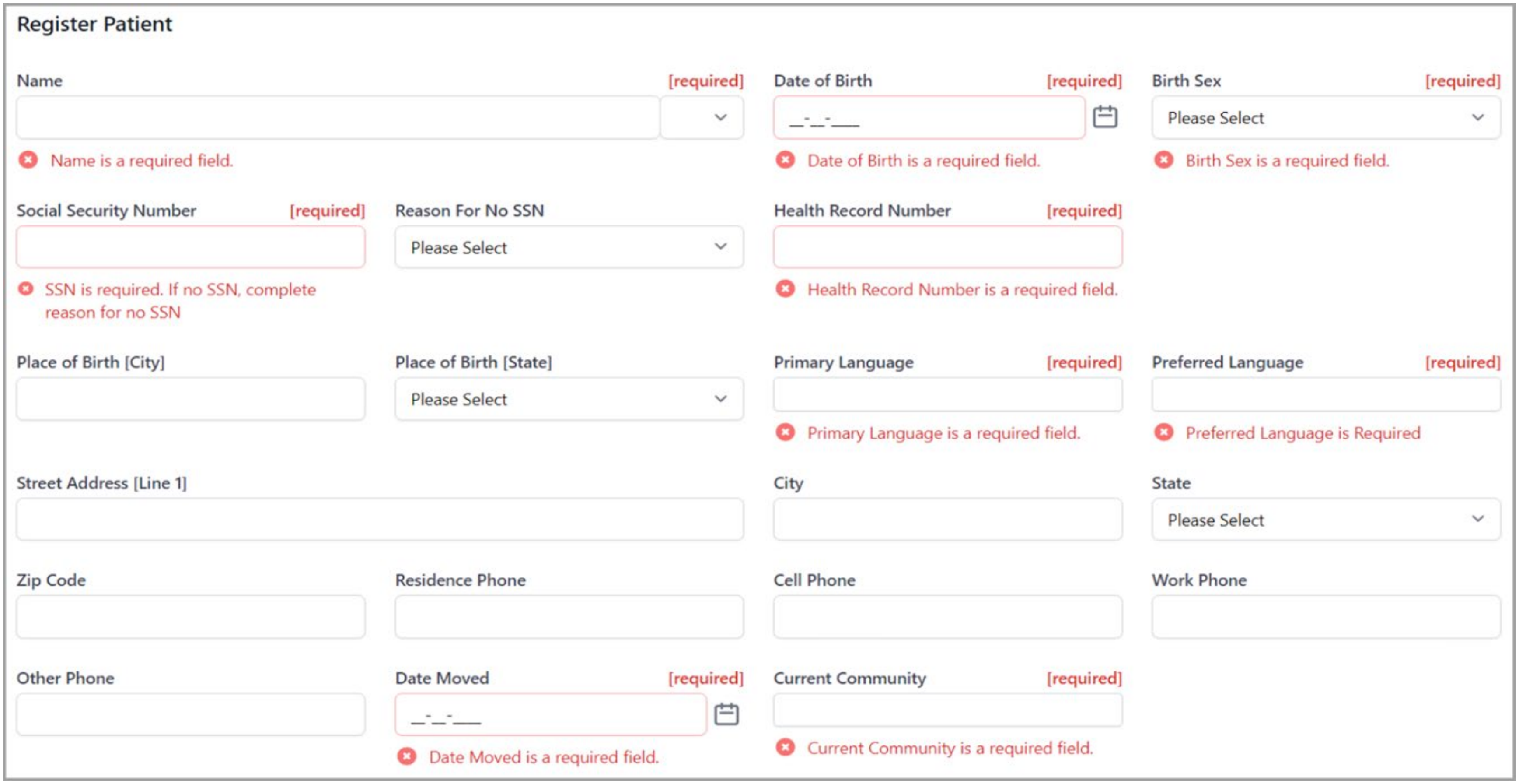


Figure 2-2: Register New Patient window Part 1 of 3

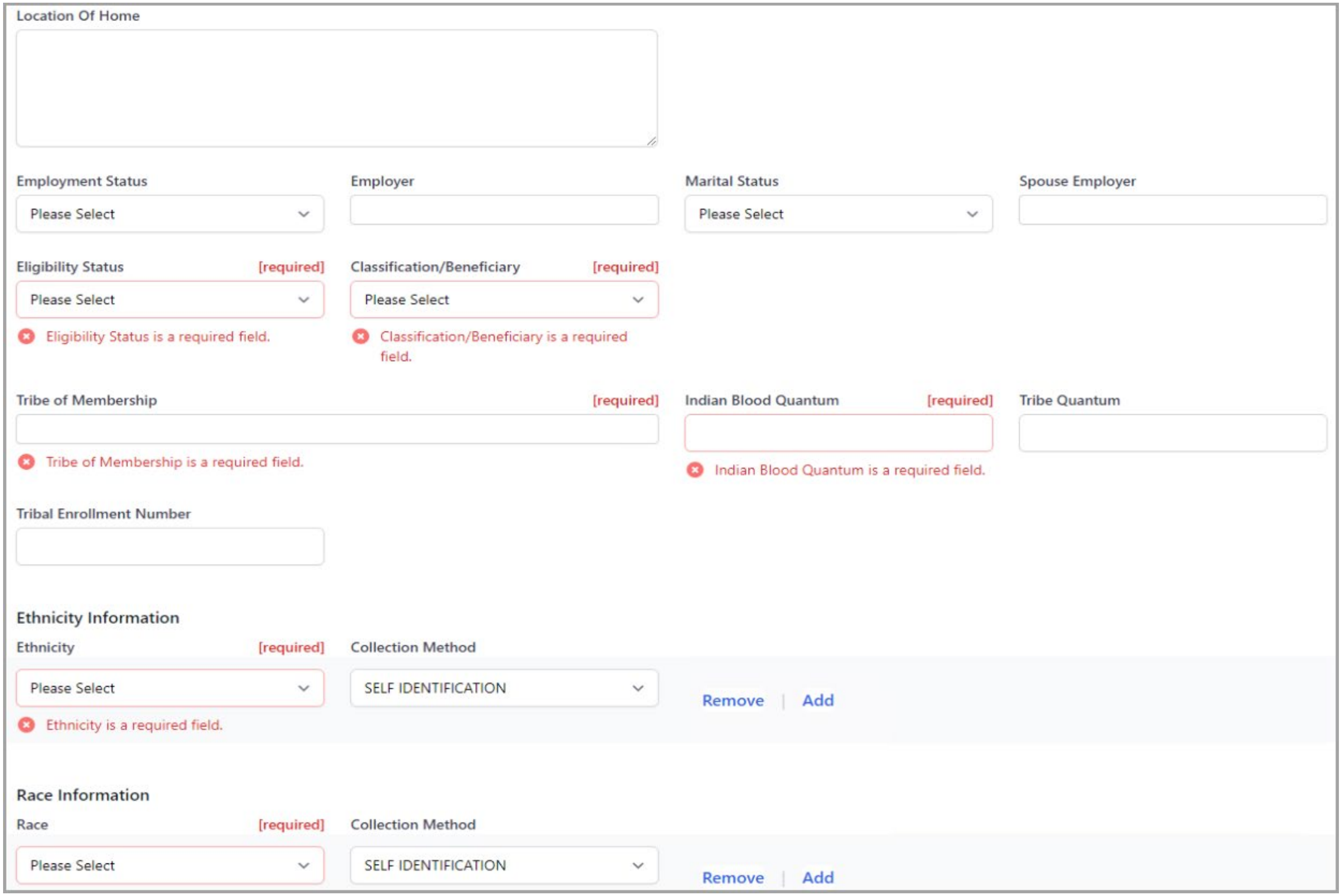


Figure 2-3: Register New Patient window Part 2 of 3

Figure 2-4: Register New Patient window part 3 of 3

Required Fields

Most fields containing required information are marked as such. If a required field is left incomplete or blank, it is highlighted with a red outline (Figure 2-5). Patient record information cannot be saved if all required information has not been added.

Figure 2-5: Required Field example

The **Register Patient** window provides fields for the following patient information:

- **Name**. This is a required field. When entering a name, type the patient's **last name**, a **comma** (no space after comma), and the **first** and **middle name** (if known).

Note:	If the patient name is not typed in the correct format, the following message appears: *Enter the Patient's name in 'LAST,FIRST MIDDLE SUFFIX' format. This value must be 3-30 characters in length and may contain only uppercase alpha-characters, spaces, apostrophes, hyphens, and one comma.*

- **Suffix**. To add a suffix to the name, click the **down arrow** on the right side of the field (Figure 2-6) to display a list of suffixes.

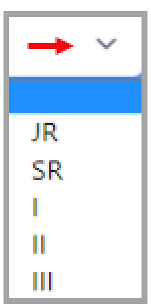


Figure 2-6: Legal Name Suffix list

- **Date of Birth**. This is a required field. Type the patient's **Date of Birth (DOB)** or select it from the calendar to the right of the field.
- **Birth Sex**. This is a required field. Select the patient's **sex** at the time of birth (Figure 2-7) from the list. The options are:

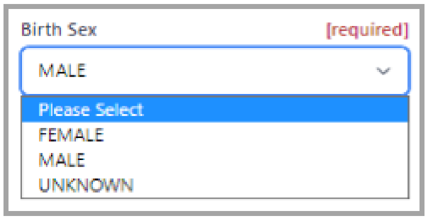


Figure 2-7: Birth Sex list

- **Social Security Number**. This is a required field unless a reason is provided for not having one (see **Reason for No SSN**). Type the patient's **Social Security Number (SSN)** as follows: **555-55-5555**.

> **Note**: If the SSN is not entered in the correct format, the following message displays: *SSN is not in the correct format. The correct format is a 9-digit numeric value (123-45-6789).*

  - If necessary, users can enter a temporary **Social Security Number** for the patient called a **Pseudo SSN**. Type the letter **P** into the **Social Security Number** field. Once the form is saved, the system automatically generates a temporary **SSN** for the patient based on their initials and date of birth (for example, 102010180P).

- **Reason for No SSN**. Use this field (Figure 2-8) when the **Social Security Number** field is left empty. Click in the field, then select one of the options shown on the list to populate it. Select from the following:

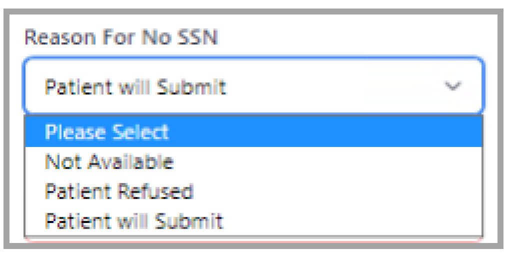


Figure 2-8: Reason for No SSN list

- **Health Record Number (HRN)**. The **HRN** is a required field and must be between 1 and 6 characters in length. It is assigned to each patient by the **Medical Records Department** (this may vary from site to site).
  - **HRNs** can be used as identifiers to edit a patient's file, as well as for billing and tracking of patient care.
  - If the **HRN** entered is a duplicate of an existing **HRN**, a warning message displays, and the registration cannot be saved until a **non-duplicate HRN** is entered.
- **Place of Birth [City]**. Provide the **city** where the patient was born.

- **Place of Birth [State]**. Provide the **state** where the patient was born. Type the first few letters of the state name and a list displays.
- **Primary Language**. This is a required field. To add a **primary language**, begin typing the first few letters of the language and a list displays to select from.
- **Preferred Language**. Use this field to specify the patient's **preferred language**. As with the **Primary Language** field, click in the field and type one or more of the letters contained in the language name to display a list of search results. Click the **language name** to add it to the field.

Note:	**Preferred Language** auto-populates with the same language as selected in **Primary Language** at the first entry. Also, if **Primary Language** is changed, then **Preferred Language** must be manually updated by the user.

- **Street Address [Line 1]**. Provide the patient's current **street address**.
- **City**. Provide the patient's **current city**.
- **State**. Provide the patient's **current state**.
- **Zip Code [Accepts Zip+4]**. Provide the patient's **city zip code**, including the 4-digit delivery-route code if known.
- **Residence Phone.** Provide the patient's **residence phone number**.
- **Cell Phone.** Provide the patient's **cell phone number**.
- **Work Phone.** Provide the patient's **work phone number**.
- **Other Phone.** Provide any other **phone number** the patient may have.
- **Date Moved**. This is a required field. Provide the patient's **move date** if applicable. Enter **B** (**at Birth**) to default the patient's **DOB**.
- **Current Community**. This is a required field. It displays the community where the patient currently resides. To search for a community, click in the field and type one or more of the letters contained in the community's name to display a list of search results. Select a **community name** to add it to the field. If a community name is not selected, the following message displays: *Current Community is a required field*.
- **Location of Home**. This is a free-text field where the user can enter a narrative with directions to the patient's home.
- **Employment Status**. Use this field (Figure 2-9) to specify the patient's **employment status**. Click in the field to select one of the following options:

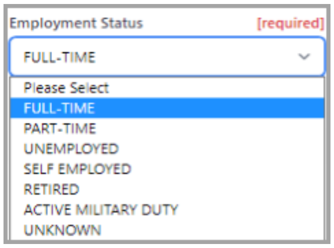


Figure 2-9: Employment Status field

> **Note:** If an employer has been added, the **Employment Status** field is required.

- **Employer**. Use this field to specify the patient's **employer** (Figure 2-10). To search, click in the field and type one or more of the letters contained in the employer's name to display a list of search results. Select a **name** to populate the field.

Figure 2-10: Employer list

- **Marital Status**. Select the patient's **marital status** (Figure 2-11) from the list. Select from the following:

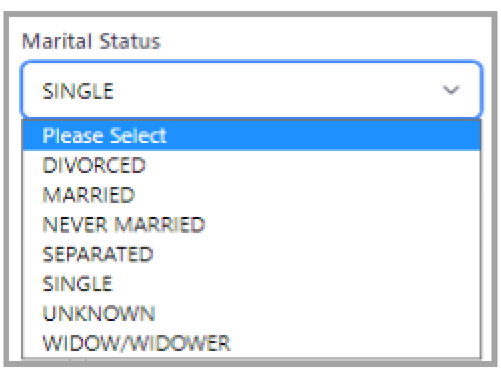


Figure 2-11: Marital Status list

- **Spouse Employer**. Use this field to specify where the patient's spouse is **employed** (Figure 2-12). To search, click in the field and type one or more of the letters contained in the employer's name to display a list of search results. Select a **name** to populate the field.

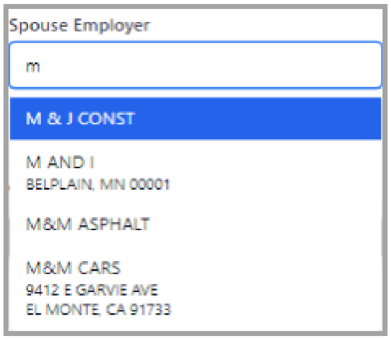


Figure 2-12: Spouse Employer list

- **Eligibility Status**. This is a required field. Select the patient's **eligibility status** (Figure 2-13). Click in the field to display a list. Select from the following:

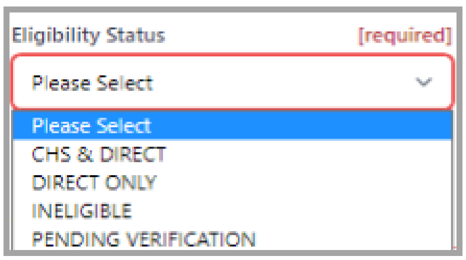


Figure 2-13: Eligibility Status list

- **Classification/Beneficiary**. This is a required field. Select the **patient** or **beneficiary's classification** (Figure 2-14). Click in the field and a list displays. Select from the following:

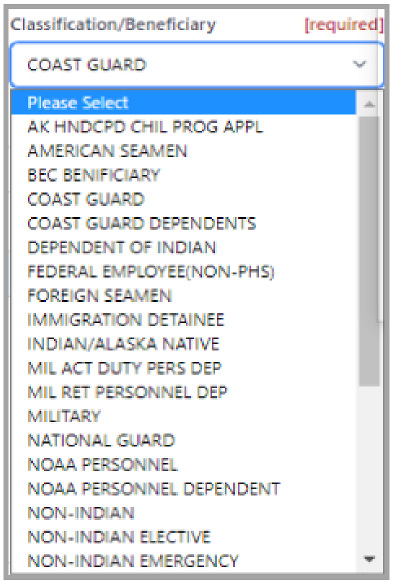


Figure 2-14: Classification/Beneficiary list

- **Tribe of Membership**. This field is required. Provide the **patient's tribe membership** (Figure 2-15).

Note:	This field must be completed if **Classification/Beneficiary** is **Indian/Alaska Native**.

Click in the field and type the first few letters of the **tribe name** or **tribe code** and it displays in the field.

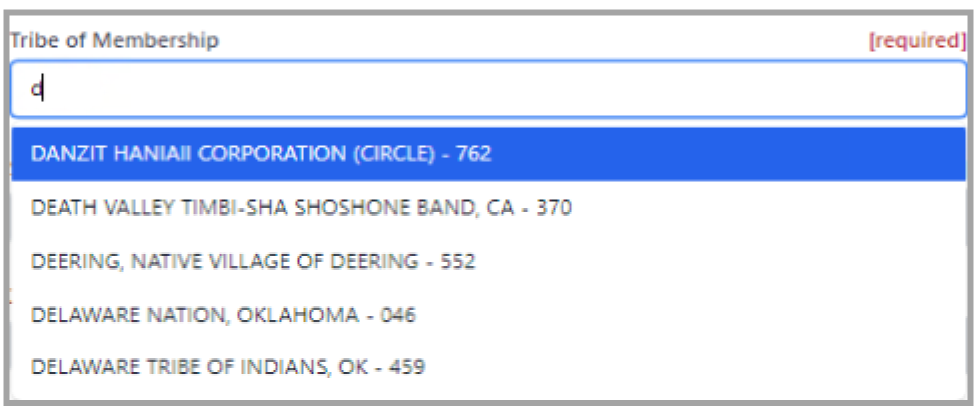


Figure 2-15: Tribe of Membership list

- **Indian Blood Quantum**. This field is required. Provide the patient's percentage of Indian blood. Users can enter both text (**F**, **FULL**, **N**, **NONE**, **UNK**, **UNKNOWN**, **UNS**, **UNSPECIFIED**) and fractions (**1/4**, **5/128**, **1/1**).

Note:	If a whole number is typed in, the following message displays in red: *Indian Blood Quantum is not in the correct format. The correct format is a fraction (ex. 1/1).*

- **Tribe Quantum**. Provide the tribe's percentage of Indian blood. Users can enter both text (**F**, **FULL**, **N**, **NONE**, **UNK**, **UNKNOWN**, **UNS**, **UNSPECIFIED**) and fractions (**1/2**, **1/4**, **1/16**).

> **Note:** If a whole number is typed in, the following message displays in red: *Tribe Quantum is not in the correct format. The correct format is a fraction (ex. 1/1).*

- **Tribe Enrollment Number**. This is free-text field consisting of 1 to 12 characters.
- **Ethnicity**. This is a required field. If left blank, the following message displays under the field in red: *Ethnicity is a required field.*

  To select the patient's ethnicity, click in the field to view the extensive list (Figure 2-16). Use the scroll bar to see the full list.

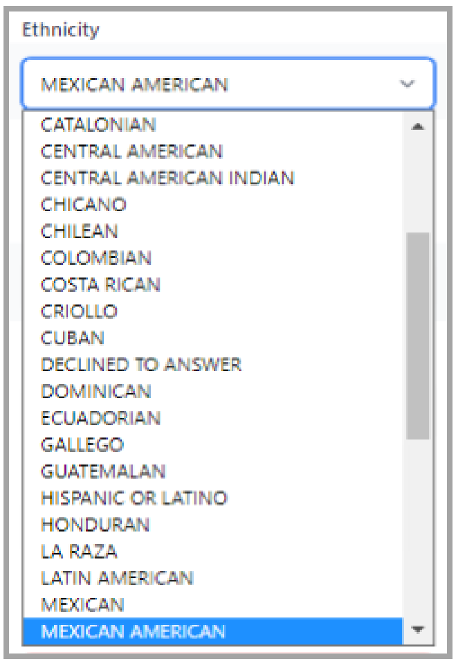


Figure 2-16: Ethnicity selection list

> **Note:** If **Declined to Answer** (the patient has declined to provide ethnicity information) or **Unknown by Patient** (the patient does not know their ethnicity) are selected in any **Ethnicity** field, when attempting to add another ethnicity, the system displays the following message in red and the new ethnicity is not added: *If Ethnicity is Unknown by Patient or Patient Declined to Answer, no other Ethnicity can be selected.*

- **Collection Method**. Use this field (Figure 2-17) to select the **method** used for determining the **ethnicity selection**. The default is **Self Identification**. Select from the following:

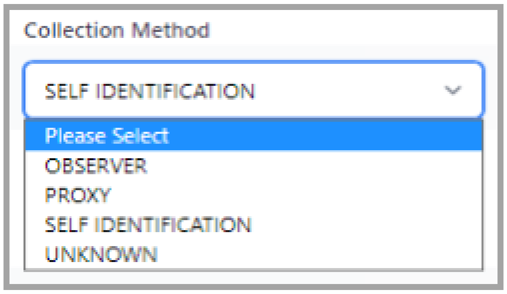


Figure 2-17: Collection Method list

- **Multiple Ethnicities**. Multiple ethnicities (and their collection methods) can be added to a patient record (Figure 2-18). Click **Add** to open a new **Ethnicity** and **Collection Method** field. Select another ethnicity from the list.

Figure 2-18: Multiple Ethnicity and Collection Method selection fields

Note: The same ethnicity cannot be selected more than once. If this happens, the following message displays: *Patient cannot have the same ethnicity listed more than once.*

  - **Remove**. Click **Remove** to remove any of the existing ethnicities.

- **Race**. This is a required field. If left blank, the following message displays under the field in red: *Race is a required field.*

  To select the **patient's race**, click in the field to view the extensive list (Figure 2-19). Use the **scroll bar** to see the full list).

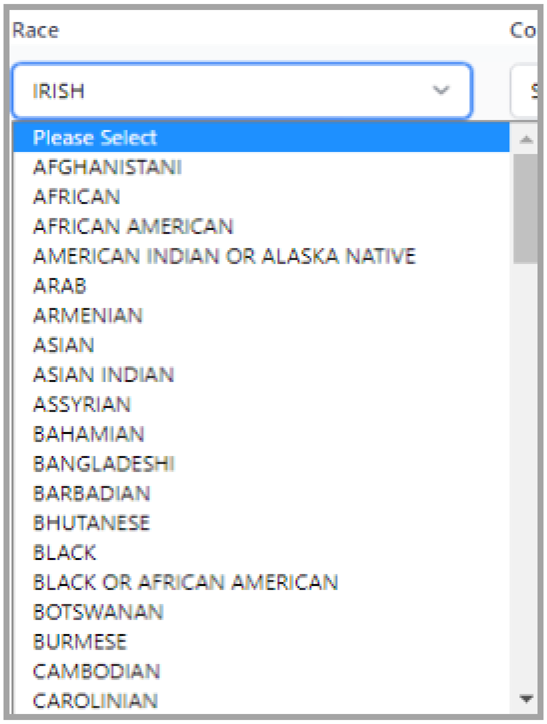


Figure 2-19: Race selection list

Note:	If **Declined to Answer** (the patient has declined to provide race information) or **Unknown by Patient** (the patient does not know their race) are selected in any **Race** field, when attempting to add another race, the system displays the following message in red and the new race is not added: *If Race is Unknown by Patient or Patient Declined to Answer, no other race can be selected.*

- **Collection Method**. Use this field (Figure 2-20) to select the method used for determining the **race selection**. The default is **Self Identification**.
  - **Multiple Races**. Multiple races, and their collection methods (Figure 2-20), can be added to a patient record (below). Click **Add** to open a new **Race** and **Collection Method** field. Select another race from the list.

Figure 2-20: Multiple Race and Collection Method selection fields

> **Note:** The same race cannot be selected more than once. If this happens, the following message displays: *Patient cannot have the same race listed more than once.*

- **Remove**. Click **Remove** to remove any of the existing races.

Notice of Privacy Practices

- **Date**. This is a required field. It is the **date** that the patient received a copy of the privacy practices.

- **Received by Patient**. Click **Yes** or **No** using this toggle button (Figure 2-21). Select **No** if the **Notice of Privacy Practices** was not received by the patient. When **Yes** is selected, the **Acknowledgement Signed** toggle button displays.

Figure 2-21: Received by Patient toggle button

- **Acknowledgement Signed**. Select **Yes** or **No** using this required toggle button (Figure 2-22). When **Yes** is selected on the **Received by Patient** toggle button, this field displays.

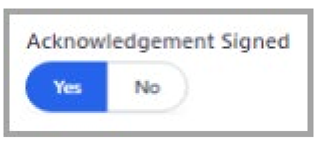


Figure 2-22: Acknowledgement Signed toggle button

  - **Reason.** This field displays when **No** is selected on the **Acknowledgement Signed** toggle button. The following message displays in red: *Reason cannot be empty if Acknowledgement is not signed and must be between 3 and 80 characters in length*.

    Fill in the reason the patient did not sign the **Notice of Privacy Practices Received by Patient** acknowledgement.

Veteran Status

- **Is Veteran**. Click **Yes** or **No** using this toggle button (Figure 2-23) to indicate if the patient is a veteran of the U.S. military. When **Yes** is selected, other veteran-related information fields display.

Figure 2-23: Is Veteran toggle button

- **Service Branch**. Use this field (Figure 2-24) to indicate the **military branch** in which the patient entered their last period of military service. Click in the field, then choose the **appropriate option** on the list displayed. As a shortcut, type the first few letters of the **service branch** and it displays in the field.

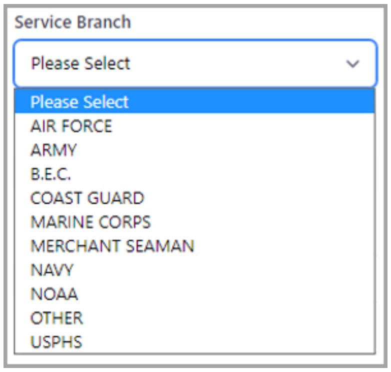


Figure 2-24: Service Branch list

- **Service Entry Date**. Use this field to show the date the patient entered their last period of **military service**. Manually enter the **date** using any of the accepted date formats or click the **calendar** icon to select the date from a calendar view.
- **Service Separation Date**. Use this field to show the **date** the patient ended their last period of military service. Manually enter the **date** using any of the accepted date formats or click the **calendar** icon to select the date from a calendar view.
- **Vietnam Service Indicated**. Use this field (Figure 2-25) to indicate whether the patient's disability is **Vietnam Service** indicated. Select from the following:

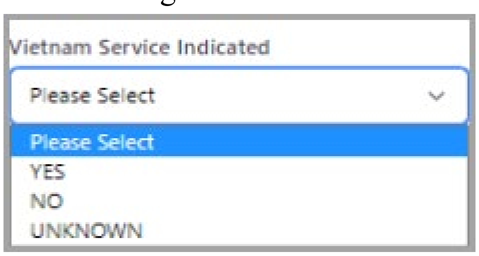


Figure 2-25: Vietnam Service Indicated list

- **Claim Number**. Use this field to enter the **patient's claim number**. It is a free-text field consisting of 7 or 8 characters. If less characters are entered, the following message displays: *Claim Number must be between 7 and 8 characters in length if specified*.
- **Is Service Connected**. Click **Yes** or **No** on this toggle button (Figure 2-26) to indicate if the **patient's disability** is service connected.

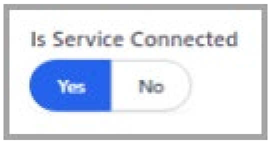


Figure 2-26: Is Service Connected toggle button

- **Description of VA Disability**. Use this field to type a **description** of the **service disability**. It is a free-text field accepting 3 to 60 characters.
- **Valid VA Card**. Click **Yes** or **No** on this toggle button (Figure 2-27) to indicate whether the patient has a valid **Veterans Administration (VA)** card. When **Yes** is selected, the **Date VA Card Copy Obtained** field displays.

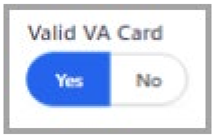


Figure 2-27: Valid VA Card toggle button

- **Date VA Card Copy Obtained**. Use this field to show the date the copy of the patient's **VA card** was obtained. Manually enter the date using any of the accepted date formats or click the **calendar icon** to select the date from a **calendar view**.

2.1.1 Discard and Save

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

2.1.2 Print Options

The **Print** option (Figure 2-28) in the upper-right corner of the **Profile** window gives the user the option to print the **Face Sheet (Browser and Device),** the patient's **Wrist Band**, **Wellness Handout**, and **Future Appointments**.

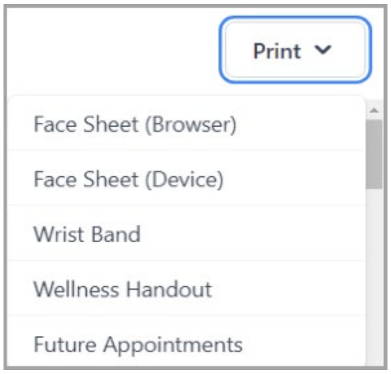
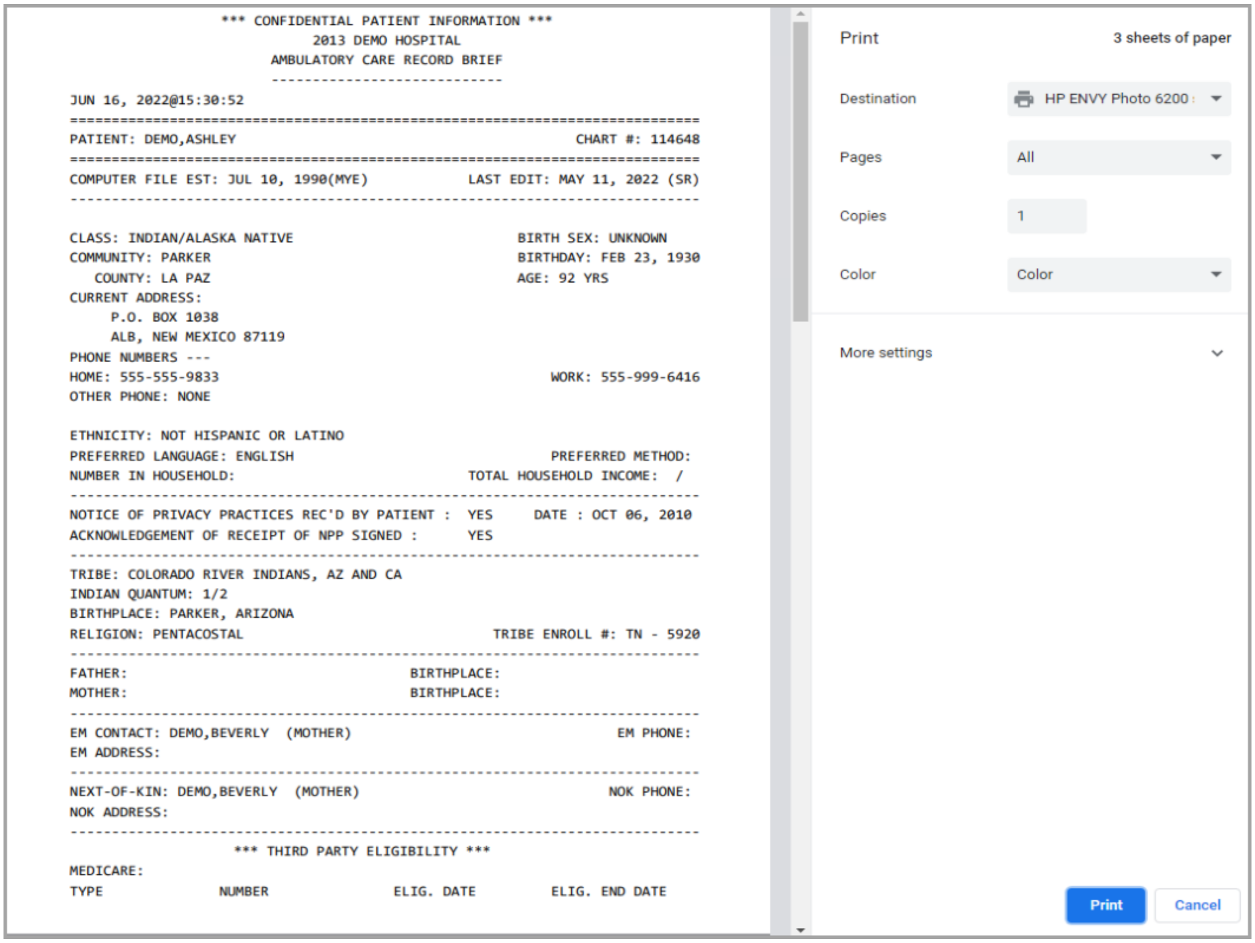


Figure 2-28: Print Options

2.1.2.1 Print Face Sheet Report

Standard practice mandates that a **Face Sheet** be printed for each patient at the time of registration or an edit. The **Face Sheet** should then be filed in the patient's chart so if the clinic staff needs to contact the patient, the most current information and alternate resource information is available.

To print the **Face Sheet**, select **Face Sheet (Browser)** or **Face Sheet (Device)** from the **Print** options. The **Face Sheet (Browser)** option gives the user a preview of the Face Sheet and enables users to select different printer options (Figure 2-29).



```
                    *** CONFIDENTIAL PATIENT INFORMATION ***
                              2013 DEMO HOSPITAL
                          AMBULATORY CARE RECORD BRIEF
                          ----------------------------
JUN 16, 2022@15:30:52
=============================================================================
PATIENT: DEMO,ASHLEY                                        CHART #: 114648
=============================================================================
COMPUTER FILE EST: JUL 10, 1990(MYE)           LAST EDIT: MAY 11, 2022 (SR)
-----------------------------------------------------------------------------

CLASS: INDIAN/ALASKA NATIVE                            BIRTH SEX: UNKNOWN
COMMUNITY: PARKER                                      BIRTHDAY: FEB 23, 1930
   COUNTY: LA PAZ                                      AGE: 92 YRS
CURRENT ADDRESS:
     P.O. BOX 1038
     ALB, NEW MEXICO 87119
PHONE NUMBERS ---
HOME: 555-555-9833                                         WORK: 555-999-6416
OTHER PHONE: NONE

ETHNICITY: NOT HISPANIC OR LATINO
PREFERRED LANGUAGE: ENGLISH                               PREFERRED METHOD:
NUMBER IN HOUSEHOLD:                            TOTAL HOUSEHOLD INCOME:  /
-----------------------------------------------------------------------------
NOTICE OF PRIVACY PRACTICES REC'D BY PATIENT :  YES      DATE : OCT 06, 2010
ACKNOWLEDGEMENT OF RECEIPT OF NPP SIGNED :      YES
-----------------------------------------------------------------------------
TRIBE: COLORADO RIVER INDIANS, AZ AND CA
INDIAN QUANTUM: 1/2
BIRTHPLACE: PARKER, ARIZONA
RELIGION: PENTACOSTAL                                   TRIBE ENROLL #: TN - 5920
-----------------------------------------------------------------------------
FATHER:                                  BIRTHPLACE:
MOTHER:                                  BIRTHPLACE:
-----------------------------------------------------------------------------
EM CONTACT: DEMO,BEVERLY  (MOTHER)                              EM PHONE:
EM ADDRESS:
-----------------------------------------------------------------------------
NEXT-OF-KIN: DEMO,BEVERLY  (MOTHER)                            NOK PHONE:
NOK ADDRESS:
-----------------------------------------------------------------------------
                     *** THIRD PARTY ELIGIBILITY ***
MEDICARE:
TYPE            NUMBER              ELIG. DATE         ELIG. END DATE
```


Figure 2-29: Print Face Sheet (Browser) example

The **Face Sheet (Device)** option allows users to print using **RPMS Device**. The user is prompted to enter an **RPMS device printer** (Figure 2-30). Use a partial name search to find the appropriate **RPMS Device printer** or enter **??** to see all the available RPMS device printers.

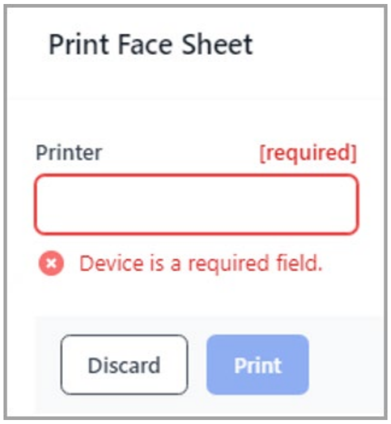


Figure 2-30: Print Face Sheet (Device) Printer prompt

2.1.2.2 Print Wrist Band

To print a patient **Wrist Band**, select **Wrist Band** from the **Print** options (Figure 2-28). The user is prompted to enter an **RPMS device printer** (Figure 2-31). Use a partial name search to search for the appropriate **RPMS Device printer** or enter **??** to see all the available RPMS device printers.

Figure 2-31: Print Wrist Band (Device) printer prompt

2.1.2.3 Wellness Handout

Select this option to print a **Patient Wellness Handout (PWH)** (Figure 2-32) for the selected patient. Depending on the PWH setup at your site, the list of handouts may vary.

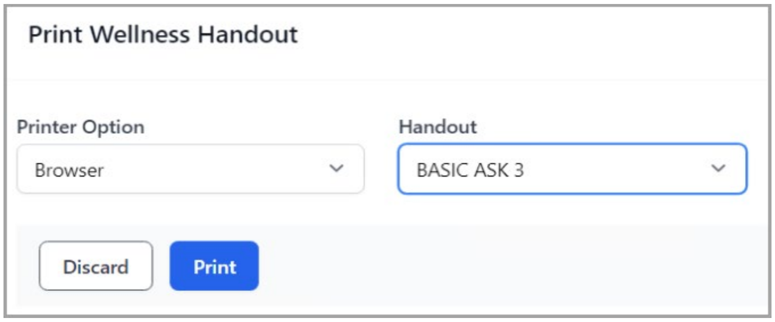


Figure 2-32: Print Wellness Handout dialog

2.1.2.4 Future Appointments

Select this option to print a **Future Appointment List** report (Figure 2-33) for the selected patient. This report will display a list of the patient's upcoming appointment date and times.

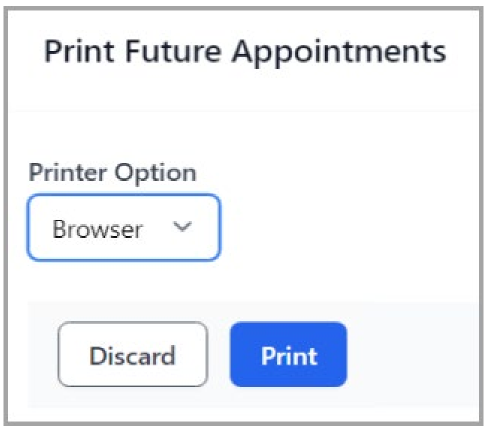


Figure 2-33: Print Future Appointments dialog

2.2 Duplicate SSN and/or HRN

When the **SSN** and **HRN** are entered during registration and the user clicks the **Save** button at the bottom of the window, the system searches the database to verify duplication. If a duplicate **SSN** or **HRN** is found, the red **Duplicate SSN** error message, *This social security number is already assigned to another patient* and/or the red **Duplicate HRN** error message *This health record number is already assigned to another patient* displays.

The user must correct the **SSN** or **HRN** to save the patient record.

2.3 Duplicate Patient Check on Register Patient

When registering a new patient and the patient's **name**, **date of birth**, and **birth sex** are entered, the database is searched to verify it is not a duplicate. If a duplicate is found, the **Potential Duplicate Patients** window (Figure 2-34) displays listing any duplicate patients.

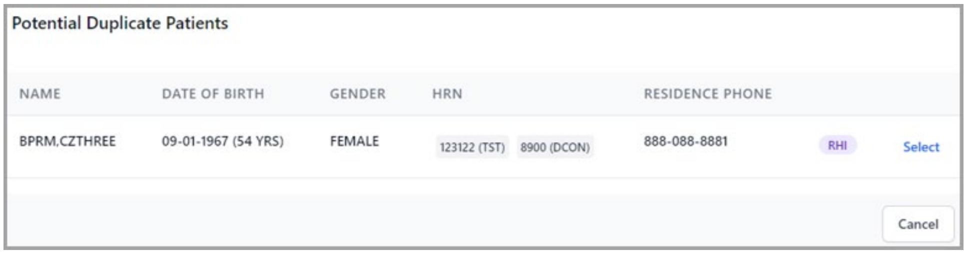


Figure 2-34: Potential Duplicate Patients window

In this window, click **Select** to open the previously registered patient's record or click **Cancel** to return to the new patient record to continue with data entry.

3.0 Patient Banner

The **Patient Banner** (Figure 3-1) displays at the top of the patient record, regardless of the other information shown lower on the screen.

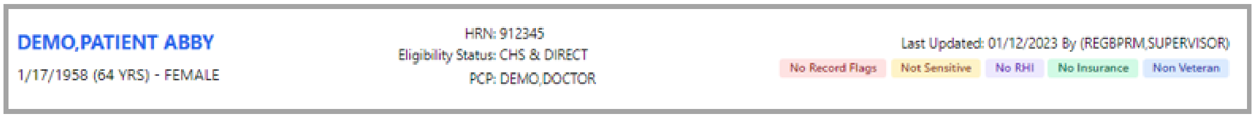


Figure 3-1: Patient Header example

The **Patient Banner** provides basic demographic information for the currently selected patient. It includes the following information:

- **Patient Name**. The patient's legal name is displayed in this field.
  - **Preferred Name**. If a preferred name (Figure 3-2) has been indicated by the patient, it displays next to the patient's legal name separated with a dash followed by an asterisk.

Figure 3-2: Preferred Name example

- **Health Record Number (HRN)**
- **Last Updated:** Timestamp and by whom
- **Date of Birth**
- **Age**
- **Birth Sex**
- **Eligibility Status**
- **PCP**
- **Indicators for these criteria:**
  - **Record Flags** – Displays as No Record Flags or Record Flags
  - **Sensitivity (Sensitive Patient Tracking)** – Displays as Not Sensitive or Sensitive
  - **RHI (Restricted Health Information)** – Displays as No RHI or RHI
  - **Active Insurance** – Displays as Active Insurance or No Insurance
  - **Veteran Status** – Displays as UNS Veteran, Non Veteran, or Veteran

3.1 Search/Open a Patient Record

Users can view and edit a broad range of information within a patient record. To search for and open an existing patient record, use the search box (Figure 3-3) in the application toolbar.

Figure 3-3: Patient search box

Search for a patient based on the following:

- Name (LAST NAME,FIRST NAME,MIDDLE NAME)
- Last name only
- Last name, Preferred name
- PCP
- Aliases
- Their exact HRN
- Date of birth (in the form BMMDDYYYY, MM/DD/YYYY, or MM-DD-YYYY)
- Phone number (in the form (xxx)xxx-xxxx, xxx-xxx-xxxxx, or xxxxxxxxxx)

Typing one (or a combination) of these **search criteria** into the search box displays a list of search results. Select a **patient** from the list to open that patient's record in the **Patient** workspace.

Note: If the patient's **HRN** is displayed in the search results, the patient is registered at the selected facility. If no **HRN** displays, this indicates the patient is not registered at the selected facility. See Section 3.2 for information about registering a patient to a new facility or division.

When a patient record is opened, a list of warnings displays if applicable. Examples of possible warnings are the **Restricted Health** record or if the patient is deceased.

3.1.1 Recent Patients List

The **Recent Patients** list (Figure 3-4) displays after searching for a patient. It shows the last five patient searches.

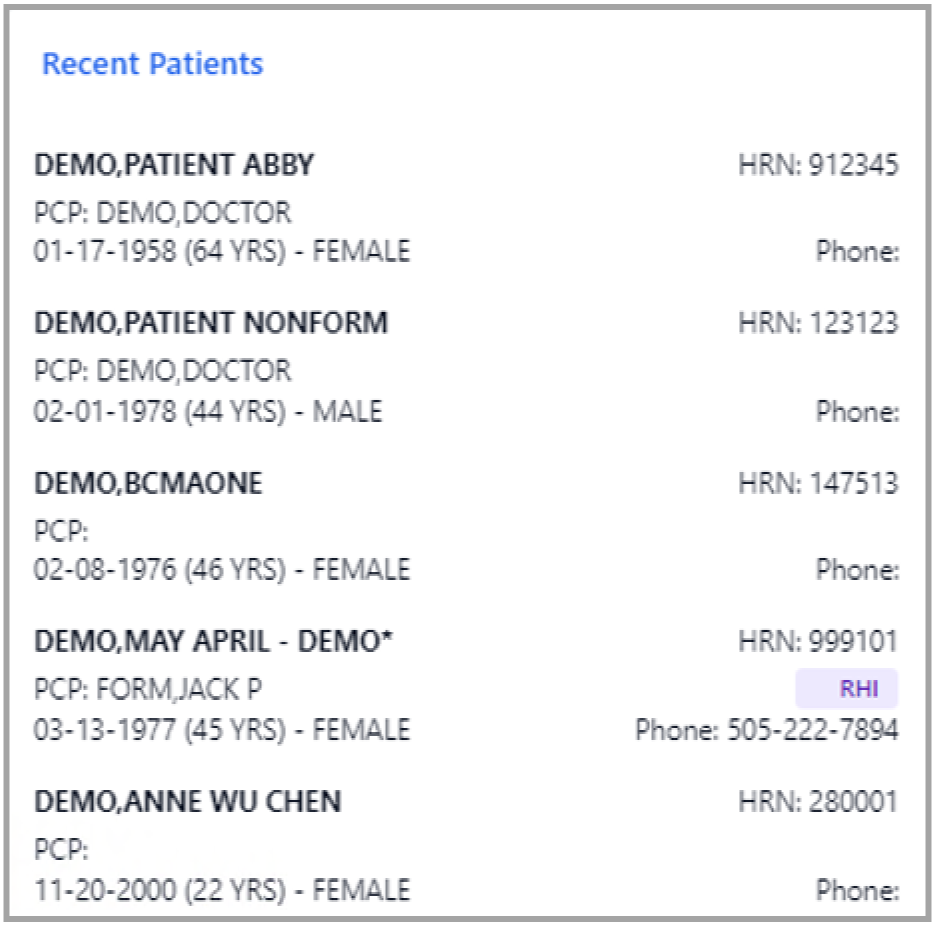


Figure 3-4: Recent Patients list

3.2 Registering a Patient to a New Facility or Division

The **PMAS Patient Registration** does a search to determine if a patient is not registered in a facility the user is logged into. The task is simplified for registering a patient from one facility to another. To register a patient from another facility to the current facility the user is logged into:

1. Click in the **Search** field and enter the **patient's name** (Figure 3-5) to be registered to the current facility. The missing HRN indicates the patient is not registered in the current facility.

Figure 3-5: Search Recent Patients field

2. Select the **patient** from the list. The **Register Patient** window (Figure 3-6) with a list of facilities that the patient is registered at displays asking the user if they want to register the patient at the current facility.

Figure 3-6: Register Patient window

3. Click **OK** to register the patient at the new facility.

   The **Register Patient at New Facility or Division** window (Figure 3-7) displays showing all other facilities where the patient is currently registered and their HRN number(s).

Figure 3-7: Register Patient at New Facility or Division window

4. In the **Health Record Number** field, type the patient's existing **HRN number** or create a new one.

Note:	Follow policy and procedure when assigning **Health Record Numbers** at each facility.

5. Click **Register** to continue (or click **Discard** to close the window). The patient is now registered at the new facility.

4.0 Profile

The **Profile** tab (Figure 4-1) includes the patient's detailed information in the workspace.

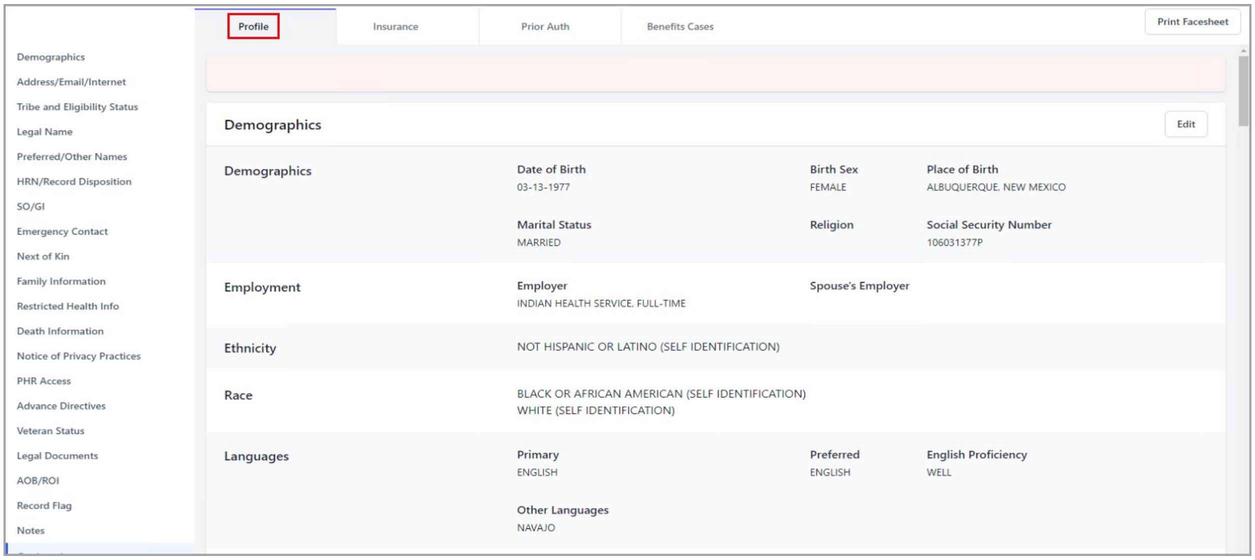


Figure 4-1: Profile Tab and Workspace

The user can use the **scroll bar** located on the right side of the workspace to view all sections of the profile or use the **left-navigation pane** (Figure 4-2), which displays a list allowing the user quick access to a section in the profile.

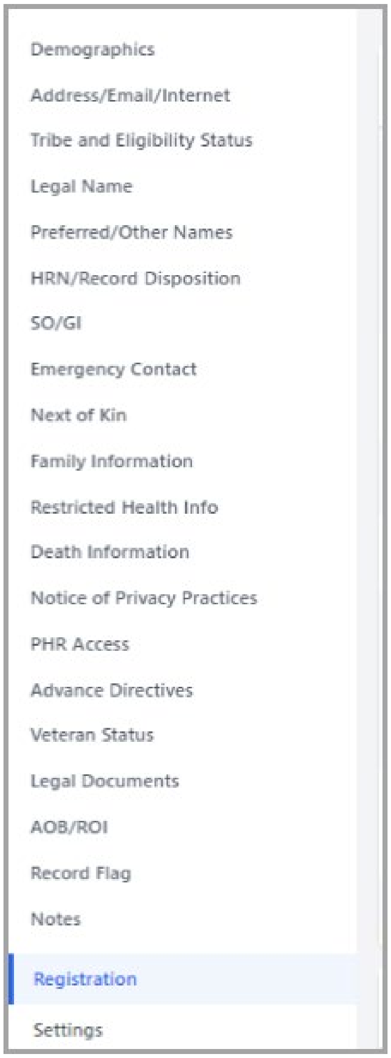


Figure 4-2: Profile left-navigation pane

These selections and the information on them are described in detail in the remainder of this section.

4.1 Demographics

The **Demographics** workspace (Figure 4-3) is separated into sections containing personal details, employment, ethnicity, race, languages, migrant worker, and homeless information about the current patient.

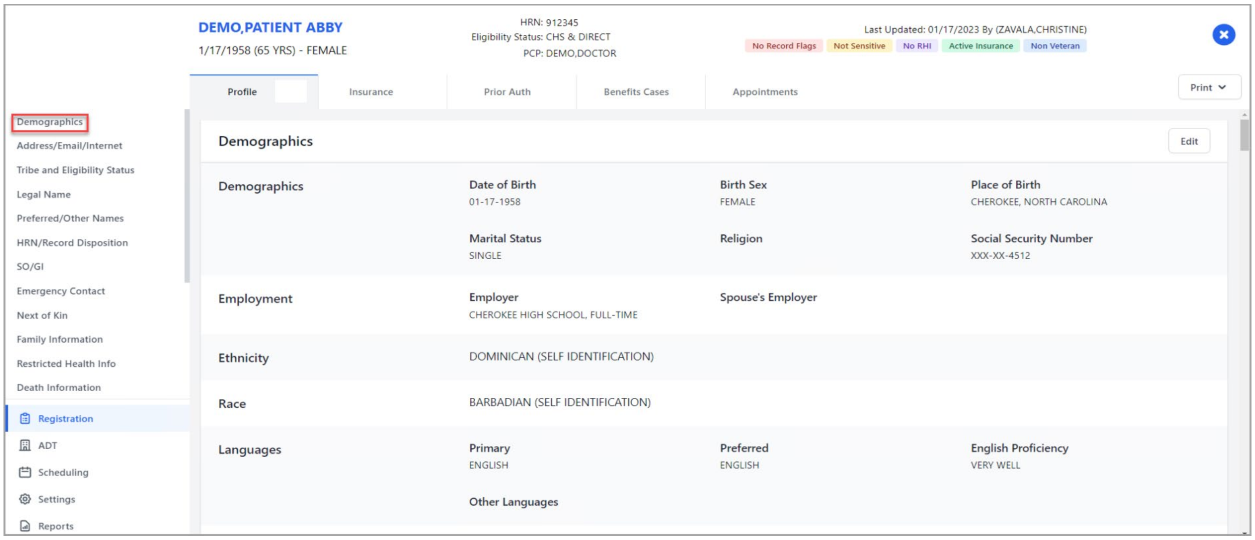


Figure 4-3: Demographics left-navigation pane example

In the **Demographics** workspace (Figure 4-4), click **Edit** on the right side of the window to add or update any of the information. Required fields are labeled and will be highlighted with a red outline if incomplete.

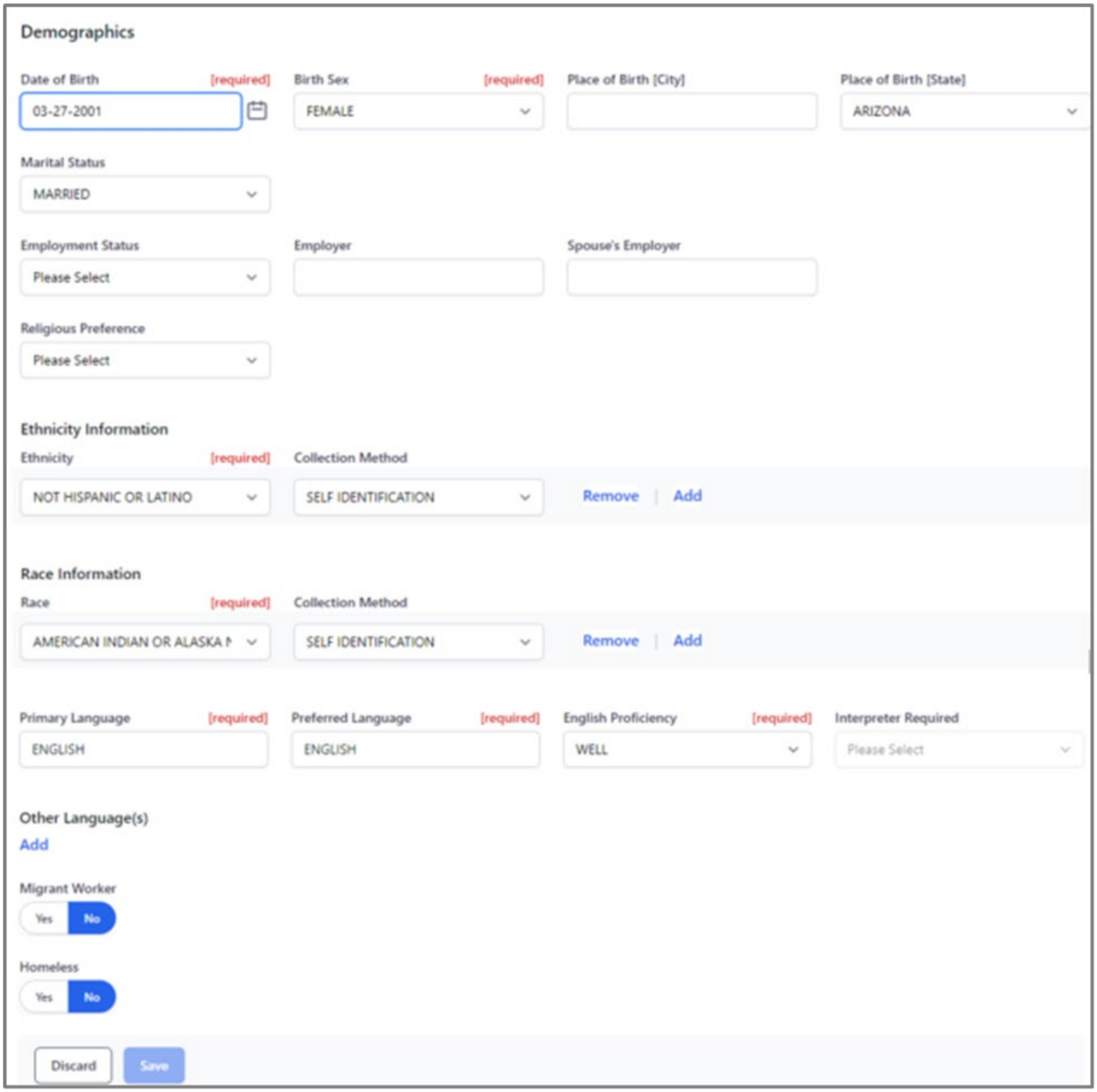


Figure 4-4: Demographics workspace in edit mode

4.1.1 Demographics

- **Social Security Number**. This is a required field. However, if the user does not have the appropriate security access key, the **Social Security Number** field does not display. If left blank, the message *SSN is required. If no SSN, complete reason for no SSN* displays.
- **Reason for No SSN**. If the **Social Security Number** field is empty, the **Reason for No SSN** field (Figure 4-5) displays and is required to be populated.

Click in the field to select one of the following options or type the reason in the field:

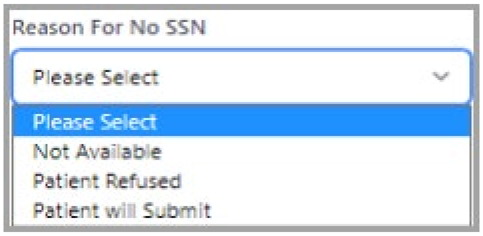


Figure 4-5: Reason for No SSN field

- **Date of Birth**. This is a required field. It is the patient's **date of birth (DOB)**. Manually enter the **date** using any of the accepted date formats or click the **calendar icon** to select the date from a calendar view.
- **Birth Sex**. This is a required field (Figure 4-6). It is used to specify the patient's **gender** at birth. Click in the field to select one of the following options:

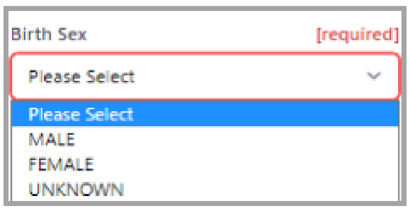


Figure 4-6: Birth Sex field

If **Birth Sex** is unknown, the following warning message (Figure 4-7) displays under the field.

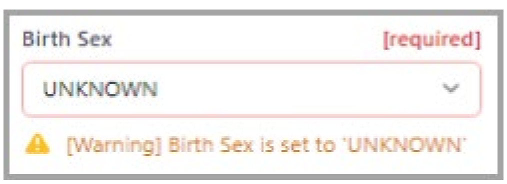


Figure 4-7: Birth Sex warning message

- **Place of Birth (City)**. Use this field to specify the **city** where the patient was born. This is a free-text field allowing **20 alphanumeric characters**.
- **Place of Birth (State)**. Use this field to specify the **state** where the patient was born. Click in the field and choose from the options displayed on the list. The list includes the 50 United States, the U.S. territories, Canadian provinces, and several other countries outside the U.S. As a shortcut, type the first few letters of the state name and it displays in the field.
- **Marital Status**. Use this field (Figure 4-8) to specify the patient's **marital status**. Click in the field to select one of the following options:

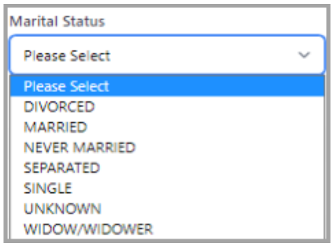


Figure 4-8: Marital Status

- **Employment Status**. Use this field (Figure 4-9) to specify the patient's **employment status**. Click in the field to select one of the following options:

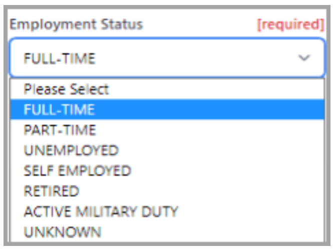


Figure 4-9: Employment Status field

If an employer has been added, the **Employment Status** field is required.

- Employer. Use this field to specify the patient's employer. To search, click in the field and type one or more of the letters contained in the employer's name to display a list of search results. Select a name to populate the field. If the employer's name is not found, it can be added via the Settings module, as described in Section 9.3.1.
- **Spouse Employer**. Use this field to specify where the patient's **spouse is employed**. To search, click in the field and type one or more of the letters contained in the employer's name to display a list of search results. Select a **name** to populate the field. If the employer's name is not found, it can be added via the **Settings** module, as described in Section 9.3.1.
- **Religious Preference**. Use this field to specify the patient's **religious preference**. Click in the field (Figure 4-10) to select one of the options from the list. Use the scroll bar to view the full list.

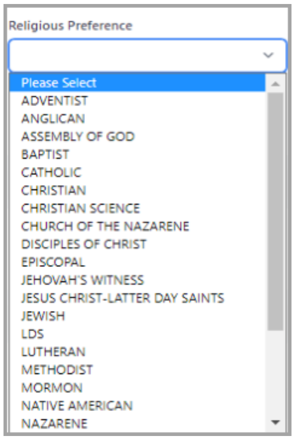


Figure 4-10: Religious Preference field

4.1.2 Ethnicity Information

When initially entering ethnicity information, click **Add** (Figure 4-11) to display the fields.

Figure 4-11: Adding Ethnicity Information

- **Ethnicity**. This is a required field. Use this field to select the patient's **ethnicity**. Click in the field to select one of the extensive options from the menu. Use the scroll bar to view the full list.

  Two of the options for this field are:

  – **Declined to Answer.** The patient has the option to decline to provide ethnicity information.

  – **Unknown by Patient.** The patient does not know their ethnicity.

  > **Note:** If **Declined to Answer** or **Unknown by Patient** are selected in the **Ethnicity** field, when attempting to add another ethnicity and the user clicks in the second **Ethnicity field**, the system displays the following message in red and the new ethnicity is not added: *If ethnicity is Unknown by patient or patient Declined to Answer, no other ethnicity can be selected.*

- **Collection Method**. Use this field (Figure 4-12) to select the method used for determining the **ethnicity selection**. Click in the field to select one of the following options. The default is **Self Identification**.

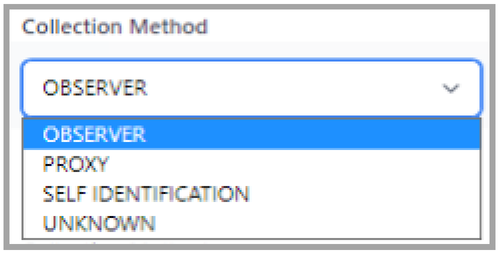


Figure 4-12: Ethnicity Collection Method field

- **Add**. Multiple ethnicities can be added to a patient record. Click **Add** to open new **Ethnicity** and **Collection Method** fields.
- **Remove**. Click **Remove** to remove any of the existing ethnicities and collection methods.

4.1.3 Race Information

When initially entering race information, click **Add** (Figure 4-13) to display the fields.

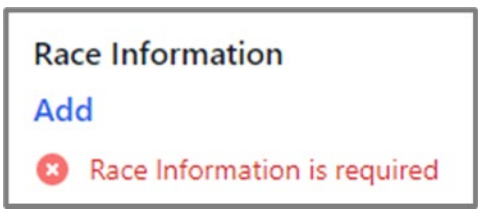


Figure 4-13: Adding Race Information

- **Race**. This is a required field. Use this field to select the patient's **race**. Click in the field to view the list and select one of the options. Use the scroll bar to view the full list.

  Two of the options for this field are:

  – **Declined to Answer**. The patient has the option to decline to provide race information.

  – **Unknown by Patient**. The patient does not know their race.

> **Note:** If **Declined to Answer** or **Unknown by Patient** are selected in the **Race** field, when attempting to add another race and the user clicks in the second **Race** field, the system displays the following message in red and the new race is not added: *If race is Unknown by patient or patient Declined to Answer, no other race can be selected.*

Collection Method. Use this field (Figure 4-14) to select the method used for determining the race selection. Click in the field to select one of the following options. The default is **Self Identification**.

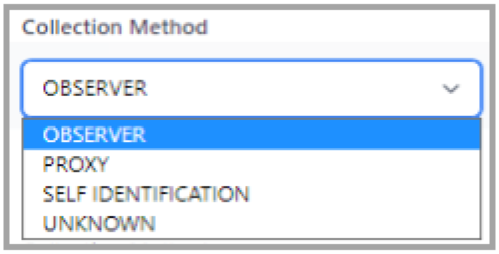


Figure 4-14: Race Collection Method field

- **Add**. Multiple races can be added to a patient record. Click **Add** to open new **Race** and **Collection Method** fields.
- **Remove**. Click **Remove** to delete any of the existing races and collection methods.

Note:	If **Unknown** or **Declined to Answer** is selected in the **Collection Method** field, when attempting to add another race, the system displays the following message in red and the new race is not added: *If race is unknown by patient or patient declined to answer, no other race can be selected.*

4.1.4 Languages

- **Primary Language**. Use this field to specify the patient's primary language. To search for a language, click in the field and type one or more of the letters contained in the language name to display a list of search results. Select the **language name** to add it to the field.
  - If a primary language other than **English** is selected, the *Interpreter Required? field becomes active. Y/N.*
  - If a primary language other than **English** is selected, then the **English Proficiency** field defaults to *NOT AT ALL*.
- **Preferred Language**. Use this field to specify the patient's **preferred language**. As with the **Primary Language** field, click in the field and type one or more of the letters contained in the language name to display a list of search results. Click the **language name** to add it to the field.

Note:	**Preferred Language** should auto-populate with the same language as selected in **Primary Language** at the first entry. Also, if **Primary Language** is changed, then **Preferred Language** must be manually updated by the user.

- **English Proficiency**. Click in the field then choose from the options on the list to describe the **English proficiency** of the patient. If English is defined in **Primary Language**, **Preferred Language**, or **Other Language** then the field is required.
- **Interpreter Required**. This field becomes active if any language other than English is selected in the **Primary Language** field. Click in the field then choose from the options shown on the list to indicate whether the patient needs an **interpreter**. If the patient's primary language is not English, this field is required.
- **Other Language(s)**. The **Other Language(s)** field (Figure 4-15) contains a list of alternate languages the patient may speak or use. When initially entering language information, click **Add** to display the field.

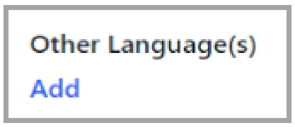


Figure 4-15: Other Language(s) section

To search for a language, click in the field and type one or more of the letters contained in the language name to display a list of search results. Select the **name** to add it to the field.

- **Add**. Patients may speak or use multiple languages, so more than one can be added. Click **Add** to open new **Other Language(s)** fields.
- **Remove**. Click **Remove** to delete any of the existing languages.

4.1.5 Migrant Worker and Homeless

Note:	The **Migrant/Homeless** tab is only visible when it has been specifically enabled by the Site Administrator through the Patient Registration site parameters. Additionally, some sites may only have access to the **Migrant** or the **Homeless** sections; other sites may have access to both.

- **Migrant Worker**. This requires a **Yes** or **No** response.
  - When **Yes** is selected, the **Migrant Worker Type** field (Figure 4-16) displays, and the message *Migrant Worker Type is required if Migrant Worker Status is specified* appears in red. Click in the field to select one of the following options:

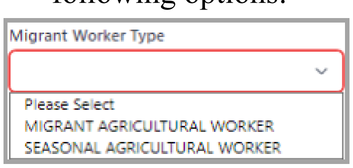


Figure 4-16: Migrant Worker Type field

- **Homeless**. This requires a **Yes** or **No** response.

- When **Yes** is selected, the **Homeless Type** field (Figure 4-17) displays, and the message *Homeless Type is required if Homeless Status is specified* in red. Click in the field to select one of the following options:

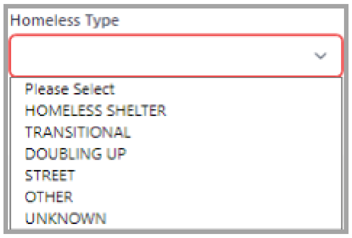


Figure 4-17: Homeless Type field

4.1.6 Save

The **Save** option displays when all required fields have been completed. If the user is only viewing the **Demographic** workspace, the **Save** option only displays if a change has been made.

4.1.7 Discarding Demographics Information

To close a section without saving, click **Discard** and the following message (Figure 4-18) displays to confirm the user does not want to save. Select **Ok** if the user wants to continue with the action or **Cancel** to return to the **Demographic** workspace.

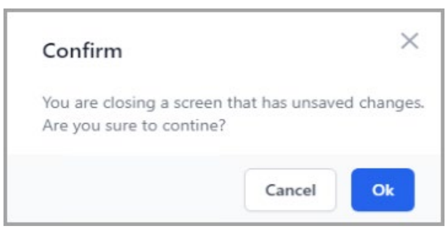


Figure 4-18: Confirm close without saving warning message

4.2 Address/Email/Internet

The **Address/Email/Internet** workspace (Figure 4-19) displays patient contact information, including **address**, **home location**, **phone**, **internet/email**, and **preferred method of communication**.

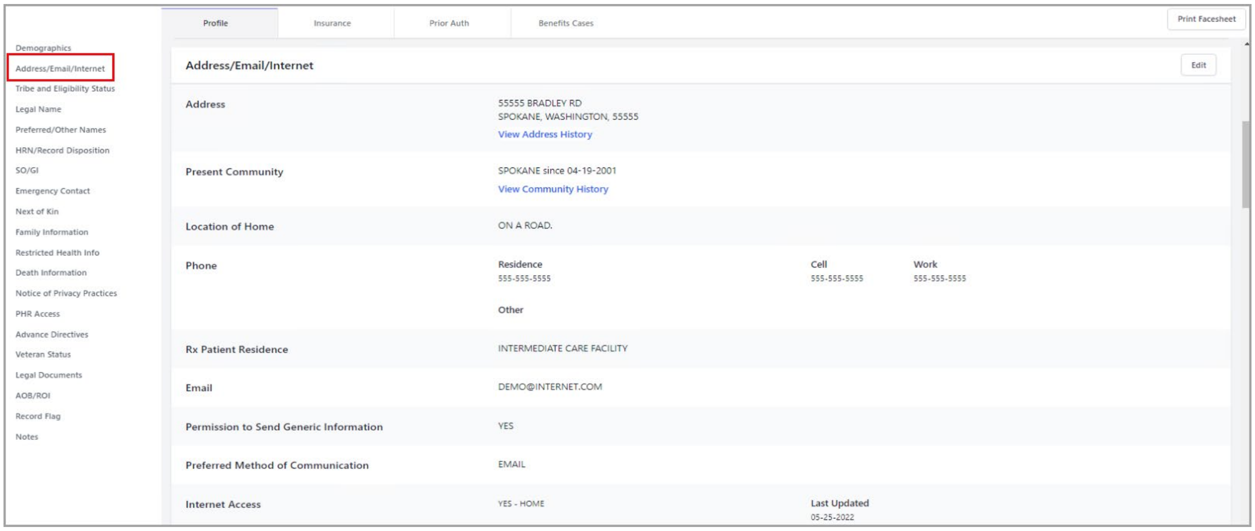


Figure 4-19: Address/Email/Internet left-navigation pane example

- **View Address History:** A list of previous addresses for a patient displays. Only the last five previous entries display in the window. The **Patient Address History** window (Figure 4-20) displays.

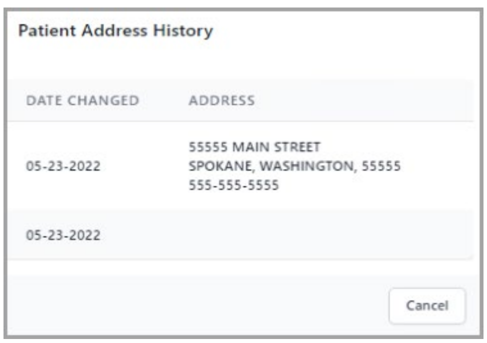


Figure 4-20: Patient Address History window

- **View Community History:** A list of previous communities displays. Only the last five previous entries display in the window. The **Patient Community History** window (Figure 4-21) displays.

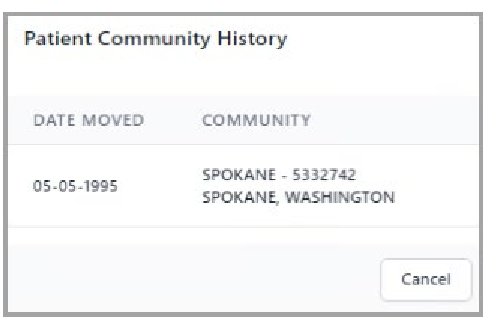


Figure 4-21: Patient Community History window

In the **Address/Email/internet** window, click **Edit** on the right side of the window to add or update any of the information. Required fields are labeled and are highlighted with a red outline if incomplete.

- **Street Address (Line 1)**. This is a required field. It displays the patient's **current street address**. This is a free-text field allowing alphanumeric characters.
- **City**. Use this field to specify the **city** where the patient's street address is located. This free-text field allows alphanumeric characters.
- **State**. Use this field to specify the **state** or **province** where the patient's street address is located. Click in the field, then either select from the list displayed or type the option name and it displays in the field. The list includes the 50 United States, the U.S. territories, Canadian provinces, and several other countries outside the United States. Unknown can also be selected.
- **Zip Code**. When applicable, use this field to specify the **zip code** where the patient's street address is located. This field accepts the five-digit numeric zip code, or five-digit plus four-digit extension.
- **Rx Patient Residence**. This is a required field (Figure 4-22). It is used to enter a valid **pharmacy patient-residence type**, to comply with CMS 2014 requirements for coding patient residence on pharmacy claim transactions.

  Note: Home is the recommended default for Pharmacy Point of Sale unless otherwise indicated by the patient.

  Click in the field to select one of the following options:

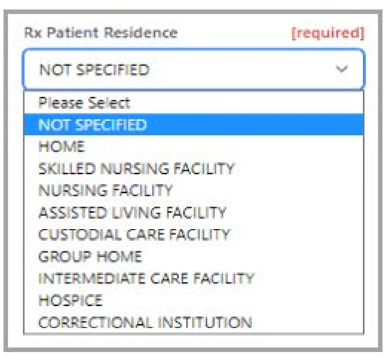
  

  Figure 4-22: RX Patient Residence window

- **Residence Phone**. Use this field to enter the patient's **residence phone number** in the **+1 555-555-5555** format (be sure to include the area code). The field allows 20 numeric characters.
- **Cell Phone**. Use this field to enter the patient's **cell phone number** in the **+1 555-555-5555** format (be sure to include the area code). The field allows 20 numeric characters.

- **Work Phone**. Use this field to enter the patient's **work phone number** (be sure to include the area code). Four additional characters have been added to include an extension, such as **+1 555-555-5555 x555**. The number entered should be verified as correct.
- **Other Phone**. Use this field to enter any **other phone numbers associated with the patient** (be sure to include the area code) along with a short description. For example, **+1 555-555-5555 Mother**. Be sure to include the area code.
- **Date Moved**. This is a required field. Provide the patient's **move date** if applicable. The letter **B (at Birth)** can be entered to default patient's DOB.
- **Current Community**. This is a required field. It displays the **community** where the **patient currently resides**. To search for a community, click in the field and type one or more of the letters contained in the community name to display a list of search results. Select a **community name** to add it to the field. If a community name is not selected, the following message displays: *Current Community is a required field*.
- **Email Address**. Use this free-text field to enter the patient's **email address**. If the email address format is not correct, the following message displays: *Email Address is not in the correct format. The correct format is EMAIL@PROVIDER.COM.*
- **Permission to Send Generic Information**. This requires a **Yes** or **No** response. Select **Yes** to indicate that the patient has agreed to have generic information sent via email. Select **No** if the patient does not want generic information sent via email.
- **Preferred Method of Communication**. This field displays the patient's **preferred way to receive communication** (Figure 4-23). Users can click in the field to select from the following list or type one or more letters of a selection and the field is automatically filled from the list:

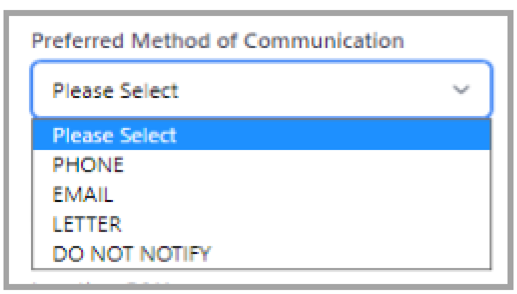


Figure 4-23: Preferred Method of Communication window

- **Can You Access the Internet**. This requires a **Yes** or **No** response. Select **Yes** within this list box to indicate that the patient has internet access. When **Yes** is selected, the **Internet Access From** window (Figure 4-24) displays. Select **No** if the patient does not have Internet access.

- **Internet Access From**. Select any combination of the following check boxes in this field (Figure 4-24) to indicate the **locations** where the patient has access to the **Internet**. One or more internet access locations are required:

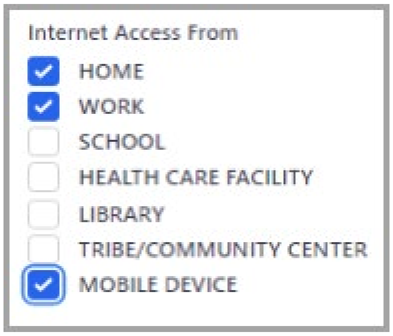


Figure 4-24: Internet Access From window

- **Location of Home**. This is a free-text field where the user can enter a **narrative** with directions to the patient's home.

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

The **Last Updated** field populates with the current date.

4.3 Tribe and Eligibility Status Selection

The **Tribe and Eligibility Status** left-navigation pane (Figure 4-25) displays Classification/Beneficiary eligibility information, including Tribe of Membership, Indian Blood Quantum, Tribe Quantum, and other tribal information.

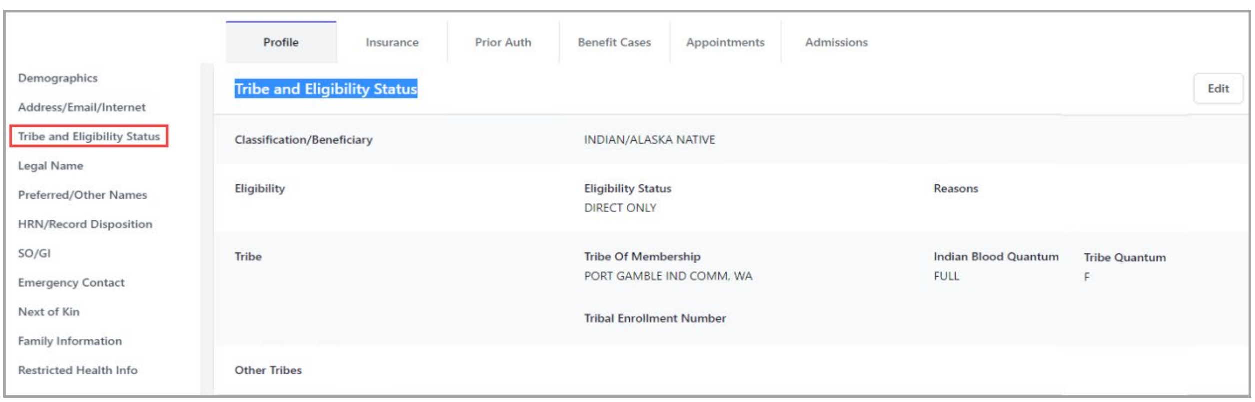


Figure 4-25: Tribe and Eligibility Status left-navigation pane example

- **Eligibility Status**. This is a required field. Select the patient’s **eligibility status** by clicking in the field to display the list (Figure 4-26) and select one of the following options:

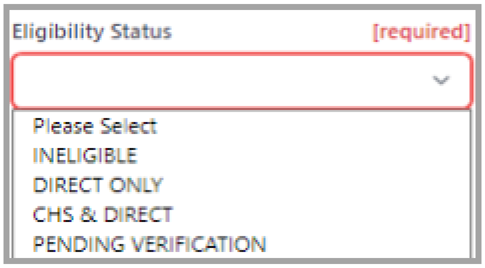


Figure 4-26: Eligibility Status window

- **Classification/Beneficiary**. This is a required field. Select the **patient** or **beneficiary/classification**. Click in the field and a list displays (Figure 4-27). Use the scroll bar to view the full list.

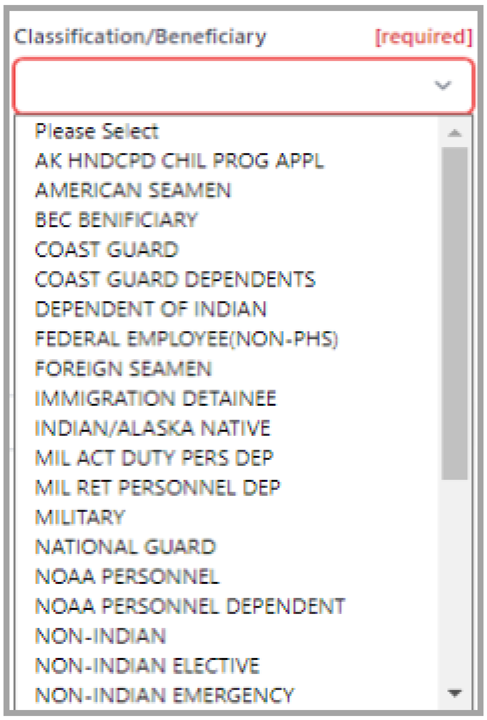


Figure 4-27: Classification/Beneficiary window

  – The following **Classification/Beneficiary** cannot be selected if **Eligibility Status** is defined as **Ineligible**.

- Indian/Alaska Native
- PHS Commissioned Officer
- PHS Commissioned Officer Dep

  – The following messages display respectively in red:

- *Classification/Beneficiary cannot be INDIAN/ALASKA NATIVE for Eligibility Status INELIGIBLE*

- *Classification/Beneficiary cannot be PHS Commissioned Officer for Eligibility Status INELIGIBLE*
- *Classification/Beneficiary cannot be PHS Commissioned Officer Dep for Eligibility Status INELIGIBLE*
- **Eligibility Reason(s)**. Click **Add** to open this field. It contains a list of **tribe eligibility reasons** for the patient (Figure 4-28).

> **Note:** The **Eligibility Reason** list will be different based on the Eligibility status selected. Figure 4-28 is a sample of the eligibility reasons when **Direct Only** is selected in the **Eligibility** status field.

To search for an **Eligibility Reason** (Figure 4-28), click in the field and type one or more of the letters contained in the reason name to display a list of search results. Select the **name** to add it to the field.

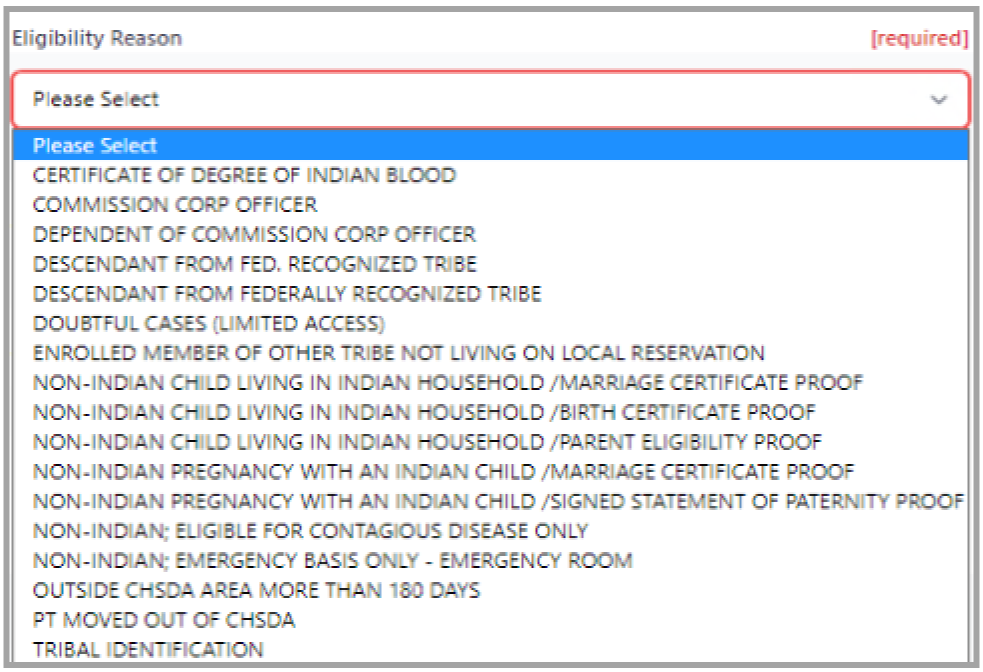


Figure 4-28: Eligibility Reason(s) window sample

  - **Add**. Patients may have multiple eligibility reasons, so more than one can be added. Click **Add** to open new **Eligibility Reason(s)** fields.
  - **Remove**. Click **Remove** to delete any of the existing eligibility reasons.
- **Tribe of Membership**. This is a required field. Click in the field and type the first few letters of the **tribe name** or the **tribe code** number. The tribe name displays in the field.

> **Note**: Depending on the tribe selection, if **Ineligible** is selected in the **Eligibility Status** field, the following message displays in red: *Eligibility Status is set to 'INELIGIBLE' update Tribe to "NON-INDIAN"*

- **Indian Blood Quantum**. Provide the patient's percentage of Indian blood. Users can enter both text (**F**, **FULL**, **N**, **NONE**, **UNK**, **UNKNOWN**, **UNS**, **UNSPECIFIED**) and fractions (**1/4**, **5/128**, **1/1**).

> **Note:** Enter double question marks (**??**) for Help text: *Enter fraction of Indian blood in the form numerator/denominator or enter F, FULL, N, NONE, UNK, UNKNOWN, UNS, UNSPECIFIED. Must not be less than Tribe Quantum.*

- **Tribe Quantum**. Provide the tribe's percentage of Indian blood. Users can enter both text (**F**, **FULL**, **N**, **NONE**, **UNK**, **UNKNOWN**, **UNS**, **UNSPECIFIED**) and fractions (**1/2**, **1/4**, **1/16**).

> **Note:** Enter double question marks (??) for Help text: *Enter fraction of Indian blood in the form numerator/denominator or enter F, FULL, N, NONE, UNK, UNKNOWN, UNS, UNSPECIFIED. Must not be less than Tribe Quantum.*

- **Tribal Enrollment Number**. Use this field to enter the patient's **tribal enrollment number**. This is a free-text field that accepts alphanumeric characters for the enrollment number.

4.3.1 Other Tribes

The **Other Tribes** subsection of the **Tribe and Eligibility Status** window provides information about other tribes the patient is a member of. When used, it shows the name of the other tribe (or tribes) and the patient's Indian blood quantum for each tribe.

Under **Other Tribes**, click **Add**. The **Other Tribe** and **Other Tribe Quantum** fields display.

- **Other Tribe**. This is a required field. Use this field to specify the patient's **other tribal membership**. To search, click in the field and type one or more of the letters contained in the **tribe name** to display a list of search results. Select a name to populate the field.

  Other Tribe cannot be the same as the **Tribe of Membership**. If the same tribe is selected, the following warning message displays: *Other Tribe must not be the Tribe of Membership*.

Each **Other Tribe** must be unique.

- **Other Tribe Quantum**. Use this field to indicate the patient's **other tribal blood quantum**. Enter the fraction of Indian blood in the form numerator/denominator format, such as:
  - F = FULL
  - UNS = UNSPECIFIED
  - FRACTION: 1/2, 5/8, 5/128

  Since this quantum is for the other tribes only, this fraction must not be more than the overall Indian blood quantum.

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

4.4 Legal Name

The **Legal Name** workspace (Figure 4-29) enables the user to change the existing name on the patient profile to the legally-changed name associated with the patient.

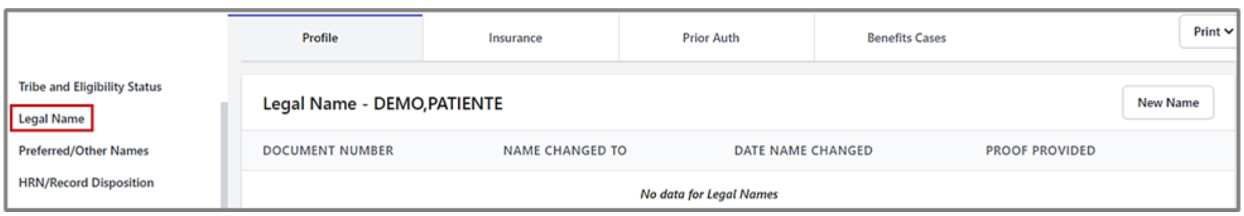


Figure 4-29: Legal Name left-navigation pane example

4.4.1 Adding a New Legal Name

To add a new legal name to the patient record, click **New Name** on the right side of the section. The **Name**, **Proof Provided**, and **Document Number** fields display.

> **Note:** New legal names are automatically added as a new **Other Name**. Future searches for the patient will return the most current legal name of the patient.

- **Name**. This is a required field. Use this field to type the new **legal name** of the patient. This free-text field only allowing upper case letters. The patient's name must be in the 'LAST,FIRST MIDDLE SUFFIX' format. Only users with the **AGZMGR** security key can add or edit a patient's **Legal Name**.

Note: If any other format is entered, the following message displays: *Enter the Patient's name in 'LAST,FIRST MIDDLE SUFFIX' format. This value must be 3-30 characters in length and may contain only uppercase, alpha characters, spaces, apostrophes, hyphens and one comma.*

- **Suffix**. To add a suffix to the name, click the **down arrow** on the right side of the field to display a list of suffixes.

- **Proof Provided**. This is a required field. Use this field (Figure 4-30) to specify the **type of documentation** provided by the patient as proof of the legal name change. Click in the field then choose from the following options on the list:

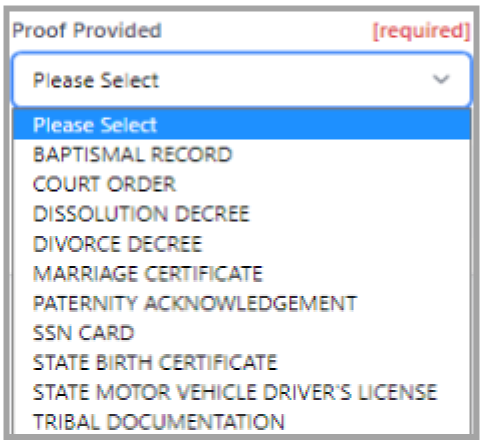


Figure 4-30: New Legal Name Proof Provided window

- **Document Number**. Use this field to enter a document number (if provided or applicable) for the **Proof Provided** document. This is a free-text field that accepts alphanumeric characters.

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

The date name changed displays in the **Legal Name** section. Only the latest name entry can be edited.

4.5 Preferred/Other Names

The **Preferred/Other Names** workspace enables patients to specify a preferred name that differs from their legal name (Figure 4-31). To add a new preferred name, click **Edit** on the right side of the window.

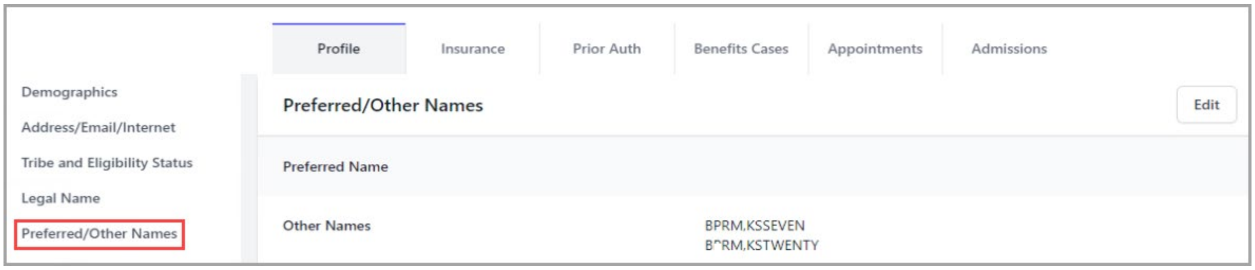


Figure 4-31: Preferred/Other Names left-navigation pane example

- **Preferred Name**. Patients may specify a preferred name, **FIRST NAME ONLY**, that differs from their legal name. When a preferred name is provided, it displays in the patient **Name** field next to the legal name, separated by a dash and identified with an asterisk (for example, DEMO,MARGARET – MAGGIE*). This is a free-text field allowing alphanumeric characters.
- **Other Names**. When entering a name, type the patient’s last name, a comma (no space after the comma), the first name, a space, and a middle name (if known). This field may contain only uppercase alpha-characters.

> **Note:** If a lower case or numeric character is entered, the following message displays: *Enter the Patient's name in 'LAST,FIRST MIDDLE SUFFIX' format. This value must be 3-30 characters in length and may contain only uppercase alpha characters, spaces, apostrophes, hyphens and one comma*.

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the window without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

4.6 HRN/Record Disposition

The **HRN/Record Disposition** workspace (Figure 4-32) lists any **Health Record Numbers** assigned to the patient, including **Facility**, **Status**, **Record Disposition**, and if inactivated, the **Date of Inactivation**.

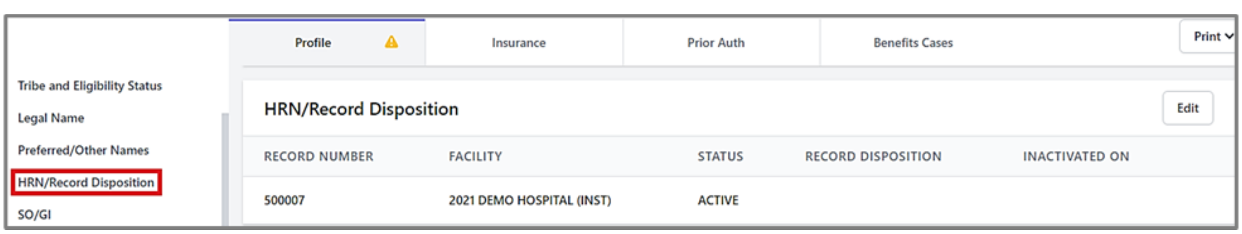


Figure 4-32: HRN/Record Disposition

> **Note:** Users can only edit the **HRN/Record Disposition** window for the current facility they are logged into.

4.6.1 Health Record Number

A patient can be registered at multiple facilities, with multiple **HRNs**, with an active record. In some cases, however, the patient will have the same HRN at multiple facilities.

Only users with the **AGZMGR** security key can edit/change a patient's **Health Record Number** and/or **Record Disposition**. Users without the **AGZMGR** security key will see the **Edit** button greyed out.

- **Facility**. Displays the current **facility** where the patient's records are stored.
- **Health Record Number (HRN)**. This is a required field. Use this field to add or change the **HRN** for the selected patient. HRNs can be 1 to 6 numeric-characters. The current **HRN** displays in this field.
  - When adding a new **HRN** or changing the existing one, type a new number and click **Save**. The following message (Figure 4-33) displays:

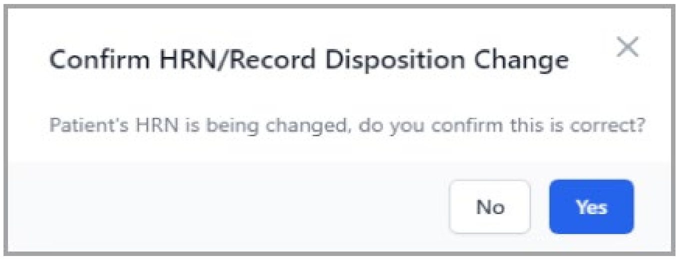


Figure 4-33: Confirm HRN/Record Disposition Change warning message

  - Click **Yes** to continue.
  - If the **HRN** entered is already in use, the following warning message displays and the patient record will not be able to be saved:

    This health record number is already assigned to another patient.

The current status of the **Patient Record** determines what the user sees for **Inactivate/Activate Record Disposition** options.

Inactivate

- **Record Disposition**: This field indicates the disposition of the patient's **record**. Click in the field (Figure 4-34) then choose from the options displayed to indicate the reason for the patient's record update:

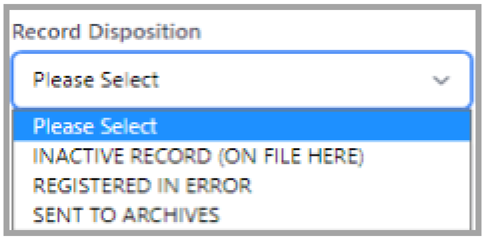


Figure 4-34: Record Disposition inactivation window

Using any of these options sets the patient's record to **Inactivated**.

- **Inactivation Date**. This field displays once a selection to inactivate a patient record is made in the **Record Disposition** field. It displays the date that the patient record was inactivated. The default is the current date. To change to a different date, type in the date or click the calendar icon to the right of the field to select a date.

  Once the date is confirmed, the **Save** button becomes active. Click **Save** and the following message (Figure 4-35) displays:

Figure 4-35: Confirm HRN/Record Disposition Change inactivation message

Click **Yes** to return to the **Patient Profile** window or **No** to return to the **Record Disposition**.

Note: An inactive patient record is not erased from the database.

Reactivated

Patient records can be reactivated. To reactivate a patient file, once in the **HRN/Record Disposition** window, click in the **Record Disposition** field (Figure 4-36) and select the **Reactivated** option from the following list.

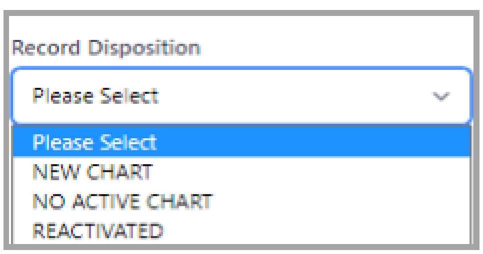


Figure 4-36: Record Disposition reactivation window

Once **Reactivated** is selected, the **Save** button becomes active. Click **Save** and the following message (Figure 4-37) displays:

Figure 4-37: Confirm HRN/Record Disposition Change reactivation message

Click **Yes** to return to the **Patient Profile** window or **No** to cancel and return to the **Record Disposition**.

4.7 SO/GI

The **Sexual Orientation/Gender Identity – SO/GI** workspace (Figure 4-38), within the **Profile** tab, enables the user to add, edit, and remove an existing patient's information regarding their sexual orientation, gender identity, pronouns, and legal sex preferences.

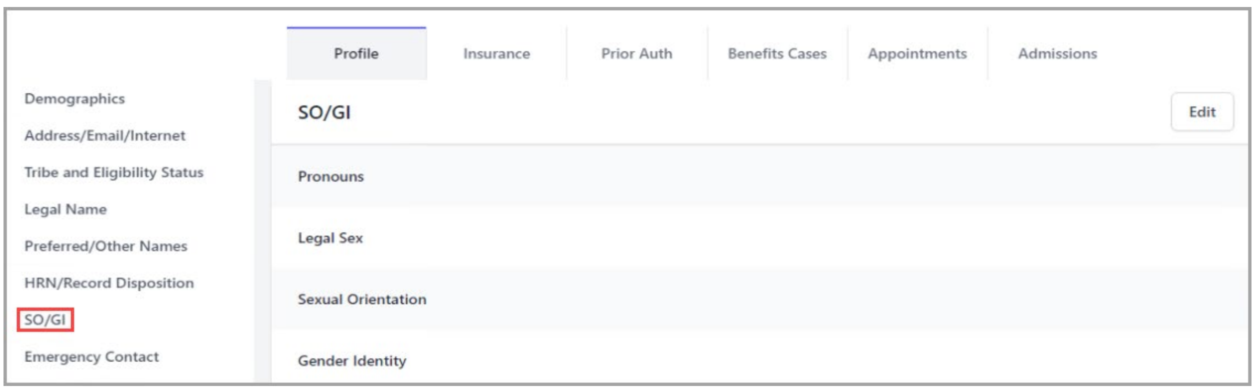


Figure 4-38: SO/GI left-navigation pane example

4.7.1 Adding/Editing SO/GI Information

To add new **SO/GI information** or to edit information for an existing patient, click **Edit** on the right to open the **SO/GI** edit window (Figure 4-39). Use the scroll bar to view the full list.

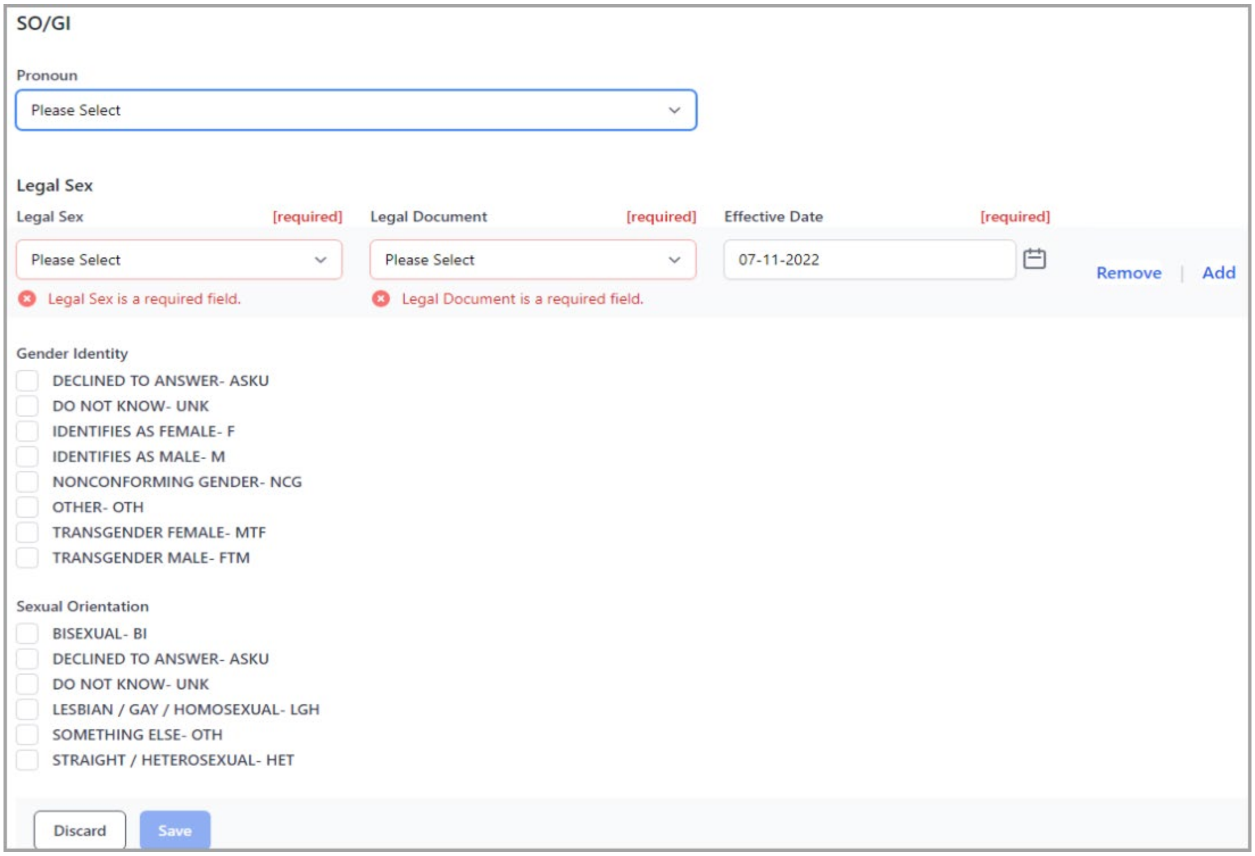


Figure 4-39: Sexual Orientation/Gender Identity add/edit information

4.7.1.1 Pronoun

This field enables the user to add, edit, or remove a preferred **pronoun** (as indicated by the patient). Click in the **Pronoun** field (Figure 4-40) and a list of pronouns displays.

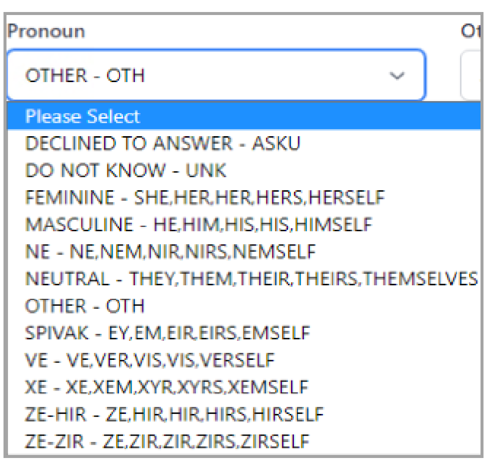


Figure 4-40: SO/GI Pronoun field

When **OTHER - OTH** is selected in the **Pronoun** field (Figure 4-41), an additional required, free-text field opens.

– **Other**. This field (Figure 4-41) enables the user to provide a more detailed pronoun description for the patient. The following message displays if the user attempts to continue without completing the field: *Other Pronoun is a required field*. This field is limited to 50 characters.

Figure 4-41: SO/GI Other field

> **Note:** If nothing is entered in this field, the **Save** button is not activated.

4.7.1.2 Legal Sex

To select a **legal sex** and display the associated fields, click **Add** (Figure 4-42). The **Legal Sex**, **Legal Documents**, and **Effective Date** fields display.

Figure 4-42: Adding a Legal Sex

- **Legal Sex**. Select the patient's **legal sex**. Click in this field (Figure 4-43) and a list displays. Select one of the following:

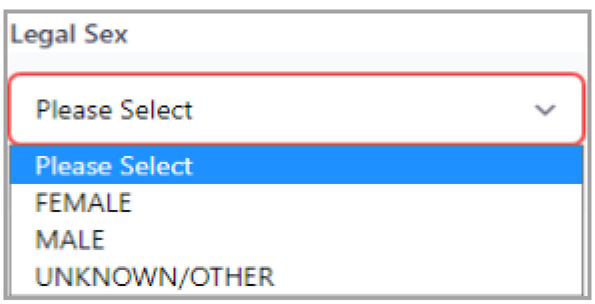


Figure 4-43: Legal Sex field

- **Legal Document**. This is a required field. Click in this field and a list of acceptable **legal documents** (Figure 4-44) used to verify the patient's **legal sex** displays. Select from the following:

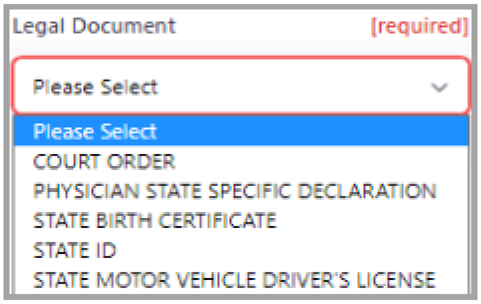


Figure 4-44: Legal Documents field

- **Effective Date**. This is a required field. It defaults to the **current date**. The date can be changed, so the date that the patient's legal sex was effective based on the legal document source can be entered. The date can be typed or selected from the **calendar** on the right side of the field.
- **Add**. Patients may have multiple **legal sexes**, so more than one can be added. Click **Add** to open and complete the associated fields.
- **Remove**. Click **Remove** to delete any of the existing **Legal Sex** rows.

4.7.1.3 Gender Identity

This field (Figure 4-45) enables the user to select/change the patient's **preference** to the **gender** they identify with. With two exceptions (see below), users can select one or more genders from the following list.

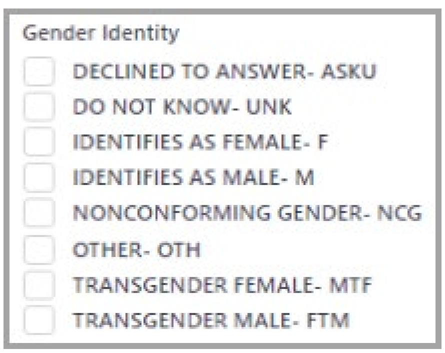


Figure 4-45: Gender Identity field

- **Decline to Answer**. When this is selected, the only other option that can be selected is **Do Not Know**. The full list is still displayed. Clear the **check box** to make a different selection.
- **Do Not Know**. When this is selected, the only option that can be selected is **Decline to Answer**. The full list is still displayed. Clear the **check box** to make a different selection.
- **Other**. This option allows the user to enter a **Gender Identity** not available from the list in a free-text field. The free-text field is required.

Note: If nothing is entered in this field and the user clicks **Save**, the following message displays: *Other Gender Identity is a required field.*

4.7.1.4 Sexual Orientation

This field enables the user to select/change the patient's **preference** to the **sexual orientation** they identify with. Select the patient's **sexual orientation** from the list (Figure 4-46) provided.

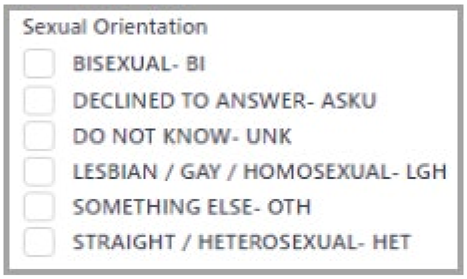


Figure 4-46: Sexual Orientation field

- **Decline to Answer**. When this is selected, the only other option that can be selected is **Do Not Know**. The full list is still displayed. Clear the **check box** to make a different selection.
- **Do Not Know**. When this is selected, the only option that can be selected is **Decline to Answer**. The full list is still displayed. Clear the **check box** to make a different selection.
- **Something Else – OTH**. When this is selected, the **Other Sexual Orientation** field (Figure 4-47) opens for a more specific description. This field is limited to 50 characters.

4.7.1.5 Other Sexual Orientation

This is a required field (Figure 4-47) and displays when **Something Else** is selected from the **Sexual Orientation** list. It is a free-text field that opens when a patient's sexual orientation requires a more specific description. This field is limited to 50 characters.

Figure 4-47: Other Sexual Orientation field

Note: If nothing is entered in this field the following message displays: *Other Sexual Orientation is a required field.*

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

4.8 Emergency Contact / Next of Kin

The **Emergency Contact** left-navigation pane (Figure 4-48) contains contact information to be used in case of a patient emergency. To add new emergency contact information or to edit information for an existing patient, click **Edit** on the right side of the workspace.

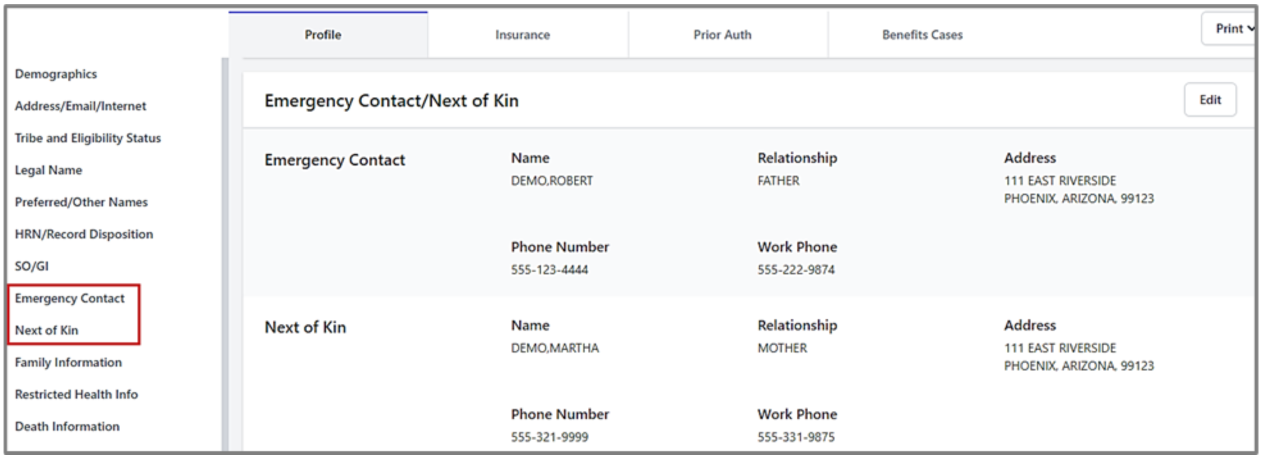


Figure 4-48: Emergency Contact / Next of Kin left-navigation pane

Note: If the option to copy a **Patient's Address** is used and includes a zip code plus four digits, only the five digits of the zip code will be copied into the **Emergency Contact** or **Next of Kin** zip code field.

4.8.1 Emergency Contact

- **Name**. This is a required field. Use this field to enter the **name** of the **emergency contact person**, using the **LAST,FIRST name** format (an error message displays if not in this format). Most often, this is the patient's spouse, parent, or grown child.
- **Relationship**. Click in the field to select from the options on the list displayed to indicate the **emergency contact** person's relationship to the patient. As a shortcut, users can type the first few letters of the relationship and the field autofills. If no relationship is found from the list, select **Other**.
- **Copy Patient Address**. Selecting this check box causes the address fields to be autofilled with the patient's **existing address**, including **Street Address**, **City**, **State**, and **Zip Code** fields. Phone numbers will not be copied.

- **Copy Next of Kin**. Selecting this check box causes the **address fields** to be autofilled with the next of kin's existing address, including **Street Address**, **City**, **State**, and **Zip Code** fields. Phone numbers will not be copied.
- **Street Address [Line 1]**. Use this field to specify the emergency contact's **street address**. This free-text field allows alphanumeric characters.
- **City**. Use this field to specify the **city** where the emergency contact resides. This free-text field allows alphanumeric characters.
- **State**. Use this field to specify the **state** where the emergency contact resides. Click in the field then choose from the options on the list displayed. As a shortcut, users can type the first few letters of the state and the field autofills. The list includes the 50 United States, the U.S. territories, Canadian provinces, and several other countries outside the United States.
- **Zip Code**. When applicable, use this field to specify the **zip code** where the emergency contact person's street address is located. If used, this field may only contain five digits.
- **Phone Number**. Use this field to enter the emergency contact person's **home phone number** in the +1 555-555-5555 format. Be sure to include the area code. This is an alphanumeric free-text field and must be between 3 and 20 characters in length if specified. The number entered into this field should be verified as correct.
- **Work Phone**. Use this field to enter the emergency contact person's **work phone number**. Be sure to include the area code. This is an alphanumeric free-text field and must be between 4 and 20 characters in length if specified. Four additional characters have been added to include an extension, such as **+1 555-555-5555 x555**. The number entered should be verified as correct.

4.8.2 Next of Kin

- **Name**. This is a required field. Use this field to enter the name of the patient's **next of kin** contact person, most often, this is the patient's spouse, parent, or grown child. Use the LAST,FIRST name format. If not in this format, the following error message displays: *Name is not in the correct format. The correct format is 'LAST,FIRST MIDDLE SUFFIX'.*
- **Relationship**. Click in the field to select from the options on the list displayed to indicate the **emergency contact** person's relationship to the patient. As a shortcut, users can type the first few letters of the relationship and the field autofills. If no relationship is found from the list, select **Other**.
- **Copy Patient Address**. Selecting this **check box** causes the address fields to be autofilled with the patient's existing address, including **Street Address**, **City**, **State**, and **Zip Code** fields. Phone numbers will not be copied.

- **Copy Emergency Contact**. Selecting this **check box** causes the address fields to be autofilled with the emergency contact's existing address, including **Street Address**, **City**, **State**, and **Zip Code** fields. Phone numbers will not be copied.
- **Street Address [Line 1]**. Use this field to specify the next of kin's **street address**. This free-text field allows alphanumeric characters.
- **City**. Use this field to specify the **city** where the next of kin resides. This free-text field allows alphanumeric characters.
- **State**. Use this field to specify the **state** where the next of kin resides. Click in the field then choose from the options on the list displayed. As a shortcut, users can type the first few letters of the state and the field autofills. The list includes the 50 United States, the U.S. territories, Canadian provinces, and several other countries outside the United States.
- **Zip Code**. When applicable, use this field to specify the **zip code** where the next of kin's street address is located. If used, this field may only contain five digits.
- **Phone Number**. Use this field to enter the next of kin's home **phone number** in the **+1 555-555-5555** format. Be sure to include the area code. This is an alphanumeric free-text field and must be between 3 and 20 characters in length if specified. The number entered into this field should be verified as correct.
- **Work Phone**. Use this field to enter the next of kin's **work phone** number. Be sure to include the area code. This is an alphanumeric free-text field and must be between 4 and 20 characters in length if specified. Four additional characters have been added to include an extension, such as **+1 555-555-5555 x555**. The number entered should be verified as correct.

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

4.9 Family Information

The **Family Information** workspace (Figure 4-49) is separated into two sections containing detailed information about the patient's family and household information (if parameter is on). To add new **family information** or to edit existing information, click **Edit** on the right side of the page.

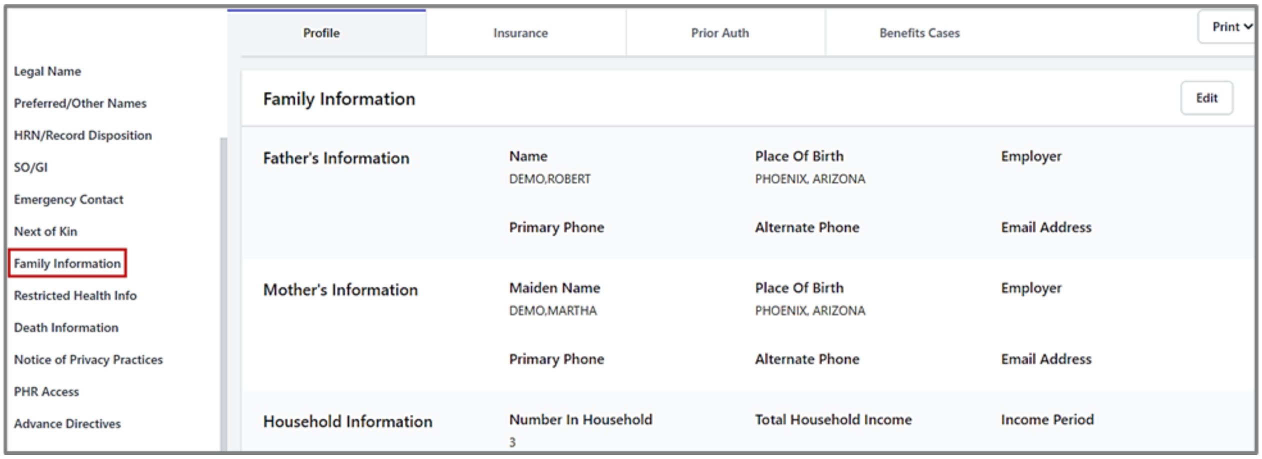


Figure 4-49: Family Information left-navigation pane

4.9.1 Father's Information

- **Name**. This is a required field. Use this field to enter the name of the patient's **father** using the **LAST,FIRST name** format.
- **City of Birth**. Use this field to enter the **city** where the patient's father was born. This free-text field allows alphanumeric characters.
- **State of Birth**. Use this field to enter the **state** where the patient's father was born. Click in the field then choose from the options on the list displayed. As a shortcut, users can type the first few letters of the state name then select the state from the list shown. The list includes the 50 United States, the U.S. territories, Canadian provinces, and several other countries outside the United States.
- Employer. Use this field to specify where the patient's father is employed. To search, click in the field and type one or more of the letters contained in the employer's name to display a list of search results. Select a name to populate the field. If the employer's name is not found, it can be added via the Settings module as described in Section 9.3.1.
- **Primary Phone**. Use this field to enter the **primary phone number** associated with the patient's father in the **+1 555-555-5555** format. Be sure to include the area code. This is an alphanumeric free-text field. The number entered into this field should be verified as correct.
- **Alternate Phone**. Use this field to enter an **alternate phone number** associated with the patient's father in the **+1 555-555-5555** format. Be sure to include the area code. This is an alphanumeric free-text field. The number entered into this field should be verified as correct.
- **E-mail Address**. Use this field to specify the **e-mail address** of the patient's father. This is a free-text field that accepts alphanumeric characters.

4.9.2 Mother's Information

- **Maiden Name**. Use this field to enter the **maiden name** of the patient's mother using the **LAST,FIRST name format**.
- **City of Birth**. Use this field to specify the **city** where the patient's mother was born. This free-text field allows alphanumeric characters.
- **State of Birth**. Use this field to specify the **state** where the patient's mother was born. Click in the field then choose from the options on the list displayed. As a shortcut, users can type the first few letters of the state name then select the state from the list shown. The list includes the 50 United States, the U.S. territories, Canadian provinces, and several other countries outside the United States.
- Employer. Use this field to specify where the patient's mother is employed. To search, click in the field and type one or more of the letters contained in the employer's name to display a list of search results. Select a name to populate the field. If the employer's name is not found, it can be added via the Settings module as described as described in Section 9.3.1.
- **Primary Phone**. Use this field to enter the **primary phone number** associated with the patient's mother in the **+1 555-555-5555** format. Be sure to include the area code. This is an alphanumeric free-text field. The number entered into this field should be verified as correct.
- **Alternate Phone**. Use this field to enter an **alternate phone number** associated with the patient's mother in the **+1 555-555-5555** format. Be sure to include the area code. This is an alphanumeric free-text field. The number entered into this field should be verified as correct.
- **E-mail Address**. Use this field to enter the **e-mail address** of the patient's mother. This is a free-text field that accepts alphanumeric characters.

4.9.3 Household Income Information

- **Number in Household**. Use this field to enter the **number of people** residing in the patient's household.
- **Total Household Income**. Use this field to enter the **patient's total household income**, a number between 1-9999999 with no commas.
  - If nothing or 0 (zero) are entered, the following message displays: *Total Household Income must be greater than or equal to 1.*
  - If 10,000,000 or a larger amount are entered, the following message displays: *Total Household Income must be less than or equal to 9,999,999.*

Note: The **Household Income** field is only visible when it has been specifically enabled by the **Site Administrator** through the **Patient Registration** site parameters.

- **Household Income Period**. Use this field to enter the **income pay period**. Select from the following:
  - Biweekly
  - Month
  - Weekly
  - Year

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message displays.

4.10 Restricted Health Info

When used, the **Restricted Health Information** workspace (Figure 4-50) displays any restricted health information related to the selected patient. This section shows the **Status**, **Date**, and **Reason**.

To add new or edit **Restricted Health information**, click the **Edit** button on the right side of the page.

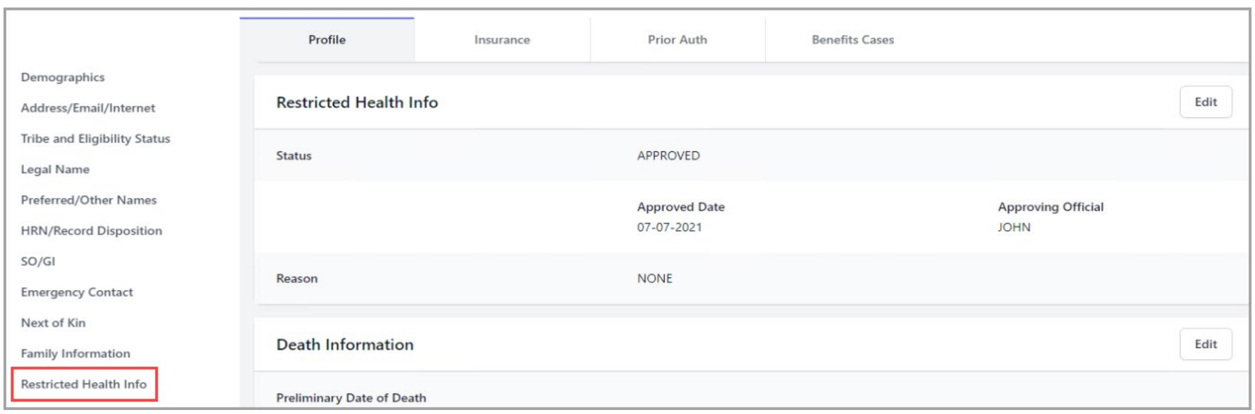


Figure 4-50: Restricted Health Information workspace

- **Status**. This is a required field. Use this field to select the **status** of the patient's restricted health information designation. Click in the field (Figure 4-51) then choose from the following options on the list:

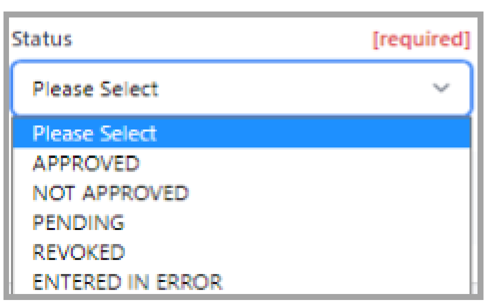


Figure 4-51: Restricted Health Information Status window

- **Reason**. This is a required field. Use this field to enter a **reason** why the patient requests that **Health Information** to be restricted. This is a free-text field that accepts alphanumeric characters. If no reason is entered, the following warning message displays: *Reason is a required field and must be between 3 and 80 characters in length.*
- **Approved Date.** This is a required field. Use this field to enter the **date** the **Restricted Health Information** was entered or changed. Depending on the status, the **Date** field name changes. Manually enter the date using the accepted date formats or click the **calendar icon** to select the date from a calendar view for one of the following:
  - Approved Date. When status is set to Approved.
  - Denied Date. When status is set to Not Approved.
  - Pending Date. When status is set to Pending.
  - Revoked Date. When Status is set to Revoked.

  If no date is entered, the following warning message displays: *[Status Type] Date is a required field*.
- **[Status Type] Name of Official.** This is a required field. This field displays if the status is **Approved**, **Not Approved**, or **Revoked**. Enter the **Official** designated to determine a patient's **Restricted Health Information** status. Depending on the status, the field name changes as follows:
  - Name of Approving Official
  - Name of Denying Official
  - Name of Revoking Official

  Enter the name in the format **LASTNAME,FIRSTNAME**. If the field is left blank, the following warning message displays: *[Status Type] Official is a required field and must be between 3 and 20 characters in length*.
- **Discard**. Click **Discard** to close the workspace without saving any of the information. The **Confirm Close Without Saving** warning message (Figure 4-18) displays.
- **Save**. When all additions and/or changes have been made, click **Save** to preserve the information.

> **Note:** When the **Status** field is set to **Approved**, this will mark the patient's record as restricted. The patient header information will indicate this status next to the **RHI** label and a warning will display before the patient's record can been opened or accessed.

4.11 Death Information

The **Death Information** left-navigation workspace (Figure 4-52) displays the **date** and **location** of the patient's death, as well as the **death certificate number**. A preliminary **Date of Death** and **Cause of Death** displays if the patient is discharged from inpatient with a type of discharge due to death. To add new or edit death information, click the **Edit** button on the right side of the page.

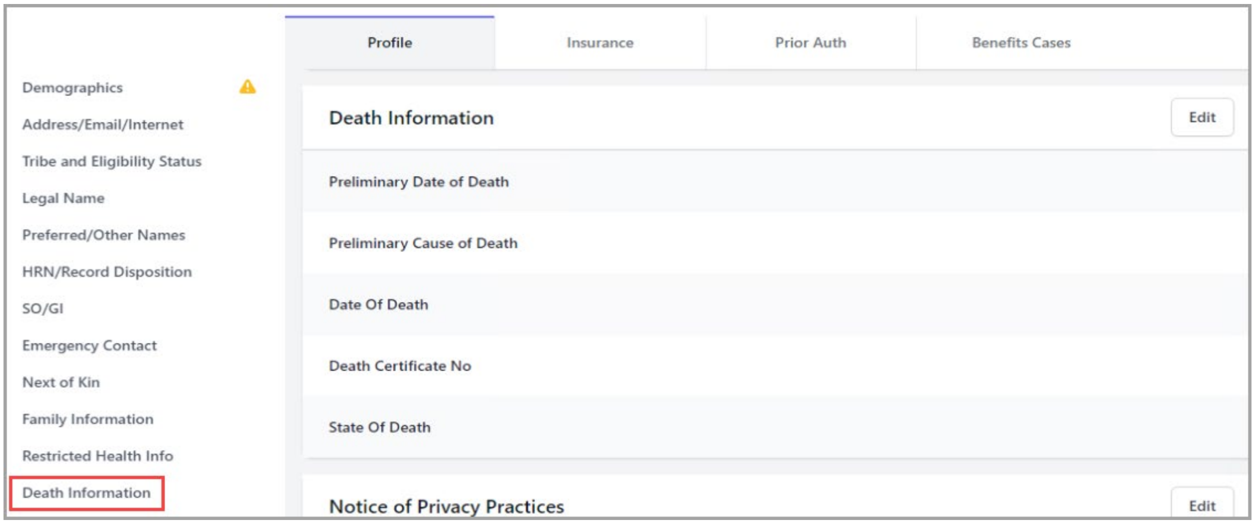


Figure 4-52: Death Information left-navigation pane

Note: Users must have the **AGZMGR** key to enter the **Date of Death** or edit the information. This field only displays when a patient is discharged from the **Admission/Discharge/Transfer (ADT)** module due to death.

When a **Date of Death** is entered, the patient's information is in **View only** and the edit option is disabled except to update the **Death Information** section. The patient header is shaded to indicate that this patient is marked as deceased. Users entering a patient's name in the **Search** field (Figure 4-53) will see a **Deceased** button indicating the patient has died.

Figure 4-53: Deceased button in patient search information

- **Preliminary Date of Death**. This field only displays when a patient has been **discharged** from the **ADT module** due to death. It cannot be edited.
- **Preliminary Cause of Death**. This field is free-text and only displays when a patient has been **discharged** from the **ADT module** due to death. It can be edited.

- **Date of Death.** This is a required field. Use this field to indicate the **preliminary date** of the patient's death. Type the **date** in the **mm/dd/yyyy** format or use the **calendar icon** at the right of the field to select a date.
- **Time of Death.** Use this field to indicate the **time** when the patient's death occurred. Manually enter the **time** using the accepted time formats or click the **clock icon** to select from a list of times.
- **Death Certificate No.** Use this field to enter a **death certificate number** if available. The number must be between 6 and 8 characters in length if specified.
- **State of Death**. Use this field to specify the **state** where the patient's death took place. Click in the field then choose from the options on the list displayed. As a shortcut, type the first few letters of the state name then select the state from the list shown. The list includes the 50 United States, the U.S. territories, Canadian provinces, and several other countries outside the United States.
- **Clear Death Info**. The **Clear Death Info** button is only available if the patient's death information has been previously entered. When clicked, the **Clear Death Info** warning message (Figure 4-54) displays. Click **Yes** to clear the information or click **No** to return to the **Death Information** field. This will delete all death information for the selected patient.

Figure 4-54: Clear Death Info warning message

- **Discard**. Click **Discard** to close the workspace without saving any of the information. The Confirm close without saving warning message (Figure 4-18) displays.
- **Save**. When all additions and/or changes have been made, click **Save** to preserve the information.

4.12 Notice of Privacy Practices

The **Notice of Privacy Practices** left-navigation pane (Figure 4-55) is used to document whether or not the patient received a **Notice of Privacy Practices** from the facility where the patient receives care and treatment.

The patient is required to receive the **Notice of Privacy Practices** per the **Health Insurance Portability and Accountability Act (HIPAA)**.

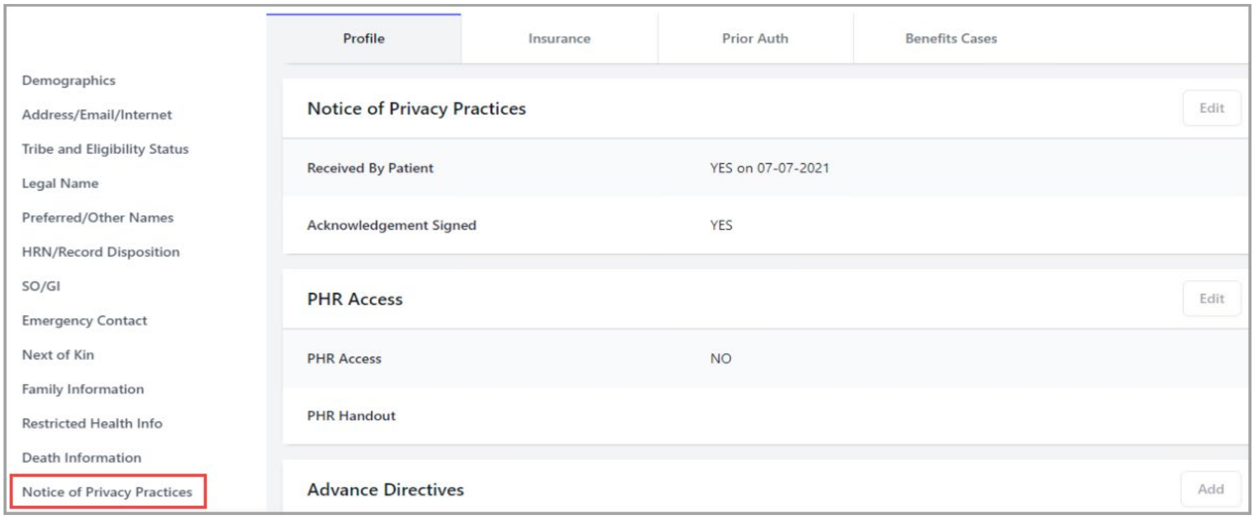


Figure 4-55: Notice of Privacy Practices left-navigation pane

Click **Edit** on the right side of the workspace to add/edit this information.

- **Date**. This is a required field when the **Received by Patient** is completed. It is used to indicate the date the patient received the **Acknowledgement of Receipt of the Notice of Privacy Practices**. Manually enter the date using any of the accepted date formats or click the **calendar icon** to select the date from a calendar view.
- **Received by Patient**. This is a **Yes/No** toggle button. Click **Yes** if the patient has received the **Notice of Privacy Practices (NPP)**. Click **No** if the patient has not.
  - If **Yes** is selected, the **Acknowledgement Signed** field displays for the user to complete.
  - If **No** is selected, there are no other fields to complete, and the user selects **Save** to save the changes or **Discard** to delete all information.
- **Acknowledgement Signed**. This is a required field when the **Received by Patient** is **Yes**. This indicates whether or not the **acknowledgement** has been signed.
  - Select **Yes** on the **toggle switch** indicating that the signature was obtained.
  - Select **No** if the acknowledge was not signed. The **Reason** field displays.
- **Reason.** This is a required field. If the acknowledgement has **not** been signed, use this free-text field to provide a **reason why**. The following message displays in red if the field is left blank: *Reason cannot be empty if Acknowledgement is not signed and must be between 3 and 80 characters in length*.
- **Discard**. Click **Discard** to close the workspace without saving any of the information. The **Confirm close without saving** warning message (Figure 4-18) displays.
- **Save**. When all additions and/or changes have been made, click **Save** to preserve the information.

4.13 PHR Access (PHR Access/Handout)

The **PHR Access** left-navigation pane (Figure 4-56) is used to document when the patient received access to their health record from the facility where the patient receives care and treatment.

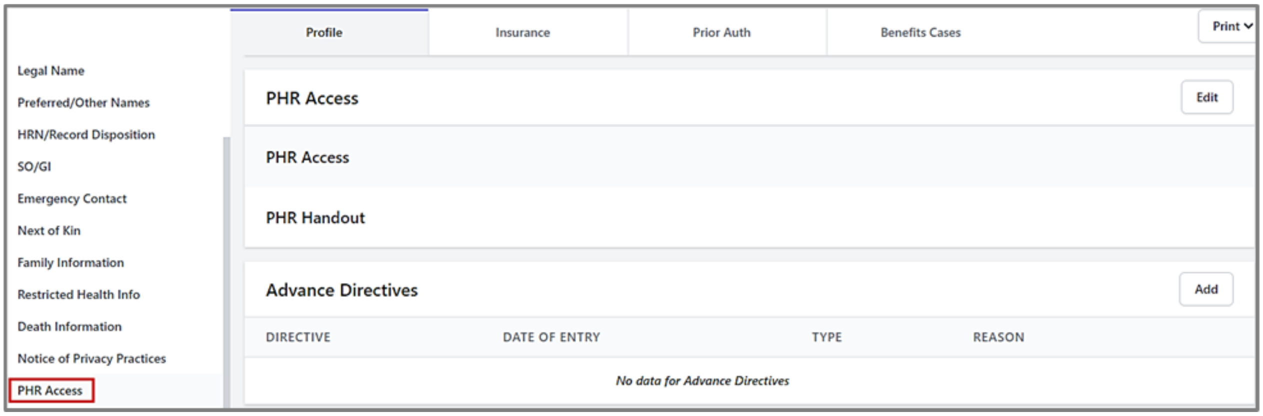


Figure 4-56: PHR Access left-navigation pane

Click **Edit** on the right side of the **PHR Access** field to add/edit this information. The **PHR Access** and **PHR Handout** sections display.

4.13.1 PHR Access

On the **PHR Access** window, click **Add** to open the **PHR Access** fields.

- **PHR Access Date.** This is a required field. It defaults to the **current date**. To enter the actual date when the patient was given **PHR access**, manually enter the **date** using any of the accepted date formats or click the **calendar icon** to select the date from a calendar view.
- **PHR Access.** Select **Yes** on this **toggle button** to indicate that the patient has access to their **Personal Health Record (PHR)**. Select **No** if the patient does not have PHR access.

When all information has been added, click **OK** to save the information or click **Cancel** to close the section without saving. When the information is saved, the **Edit|Remove** buttons become active.

- **Edit**. Click **Edit** to change the **date** or the **toggle button response**.
- **Remove**. Click **Remove** to delete all the information. The **Confirm Remove** warning message (Figure 4-57) displays.

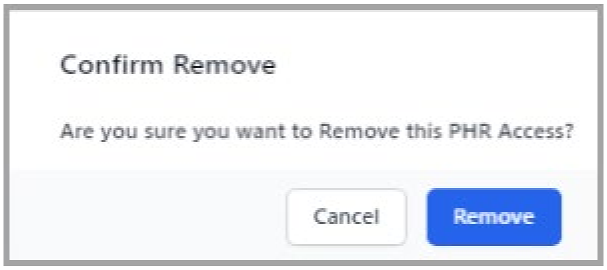


Figure 4-57: PHR Access Confirm Remove warning message

When the two fields are complete, click **OK** to save the information or click **Cancel** to close.

Once saved, if **Add** is clicked again and the same date as an existing entry is entered/added, the following error message appears: *PHR Access Date must be unique*.

- **Discard**. Click **Discard** to close the workspace without saving any of the information. The **Confirm** close without saving warning message (Figure 4-18) displays.
- **Save**. When all additions and/or changes have been made, click **Save** to preserve the information.

4.13.2 PHR Handout

On the **PHR Handout** window, click **Add** to open the **PHR Handout** fields.

- **PHR Handout Date.** This is a required field. It defaults to the current date. Use this field to show the date when a patient received their PHR handout. Users can manually enter the date using any of the accepted date formats or click the **calendar icon** to select the date from a calendar view.
- **PHR Handout.** This field defaults to **Yes** and cannot be changed.

  When the date has been added, click **OK** to save the information or click **Cancel** to close the section without saving. When the information is saved, the **Remove** button becomes active.

- **Remove**. Click **Remove** to delete all the information. The **Confirm Remove** warning message (Figure 4-58) displays. Click **Remove** to clear the field.

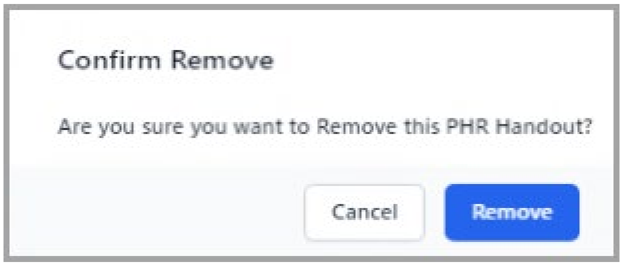


Figure 4-58: PHR Handout Confirm Remove warning message

Once saved, if **Add** is clicked again and the same date as an existing entry is entered/added, the following error message appears: *PHR Handout Date must be unique*.

- **Discard**. Click **Discard** to close the workspace without saving any of the information. The **Confirm close without saving** warning message (Figure 4-18) displays.
- **Save**. When all additions and/or changes have been made, click **Save** to preserve the information.

4.14 Advance Directives

The **Advance Directives** workspace (Figure 4-59) shows whether an advance directive has been provided regarding the patient's wishes in the event of a life-threatening event. If an advance directive has been provided, this section shows the date the directive was entered and what type of directive it is. If there is no advance directive, a date of entry and a reason it was not provided displays.

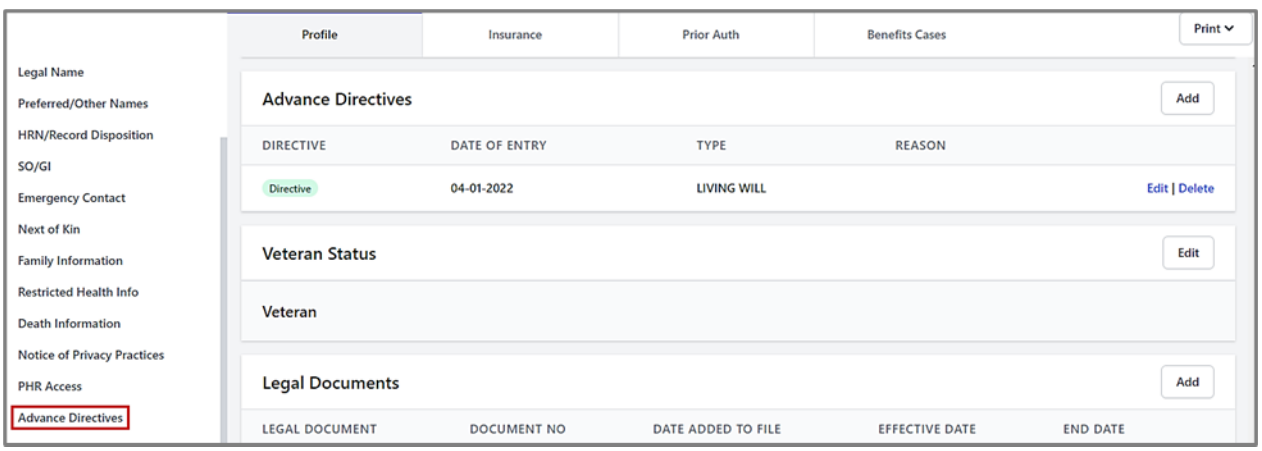


Figure 4-59: Advanced Directives left-navigation pane

Click **Add** on the right side of the workspace to enter the information.

- **Date of Entry.** This is a required field. When a new **Advanced Directive** is added, the current date displays as the default. The user can manually change the date using any of the accepted date formats or click the **calendar icon** to select the date from a calendar view.

- **Advance Directive**. This check box displays selected as the default to indicate the Patient has an **Advance Directive**. The user can clear the **check box** if the patient has no Advance Directive and include a reason.
  - **Reason.** This field displays, and is required, if the **Advance Directive** check box is cleared. It is a free-text field to describe the reason an advance directive was not provided.
- **Type.** This field is required if the **Advance Directive** check box is selected. Use this field to show the type of advance directive provided (Figure 4-60). Click in the field, then choose from the following options on the list.

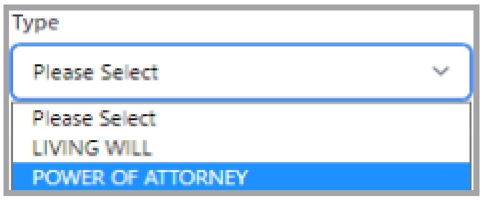


Figure 4-60: Advance Directive Type list

- **Discard**. Click **Discard** to close the workspace without saving any of the information. The **Confirm close without saving** warning message (Figure 4-18) displays.
- **Save**. When all additions and/or changes have been made, click **Save** to preserve the information.

To edit an existing advance directive, click **Edit** on the right side of the page. Once the changes have been completed, click **Save**.

To delete an existing advance directive, click **Delete** on the right side of the page. The **Confirm Delete** warning message (Figure 4-61) displays.

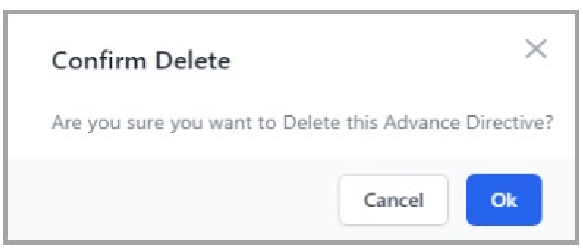


Figure 4-61: Advance Directive Confirm Delete warning message

To confirm the deletion, click **OK** or click **Cancel** to return to the previous window.

4.15 Veteran Status

The **Veteran Status** left-navigation pane (Figure 4-62) displays the patient’s veteran information.

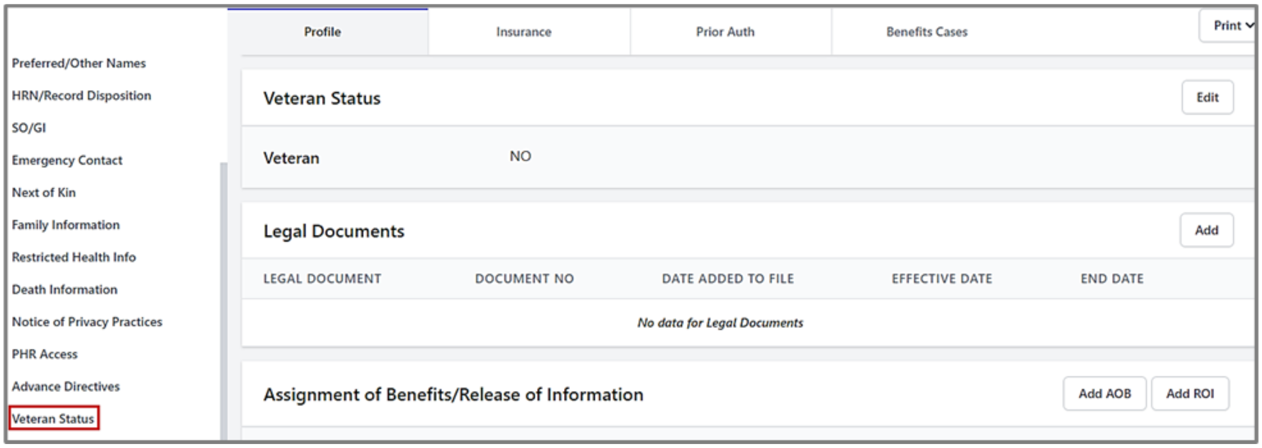


Figure 4-62: Veteran Status left-navigation pane

Click **Edit** on the right side of the workspace to enter the information.

- **Is Veteran**. Click **Yes** or **No** on this toggle button to indicate if the patient is a veteran of the U.S. military. The initial default is **No**. When **Yes** is selected, the other information fields display.
- **Service Branch**. Use this field to indicate the **military branch** in which the patient entered their last period of military service. Click in the field then select the appropriate **option** from the list (Figure 4-63) displayed. As a shortcut, type the first few letters of the service branch and it displays in the field.

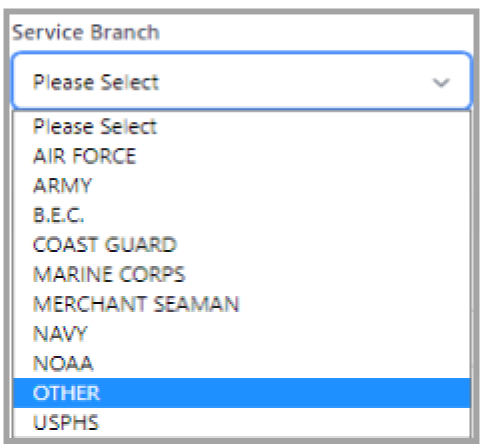


Figure 4-63: Service Branch window

- **Service Entry Date**. Use this field to show the **date** the patient entered their last period of **military service**. Manually enter the date using any of the accepted date formats or click the **calendar icon** to select the date from a calendar view.
- **Service Separation Date**. Use this field to show the **date** the patient ended their last period of **military service**. Manually enter the date using any of the accepted date formats or click the **calendar icon** to select the date from a calendar view.

- **Vietnam Service Indicated**. Use this field to indicate whether the patient's disability is **Vietnam Service indicated**. Click in the field (Figure 4-64) then select the appropriate **option** on the list displayed.

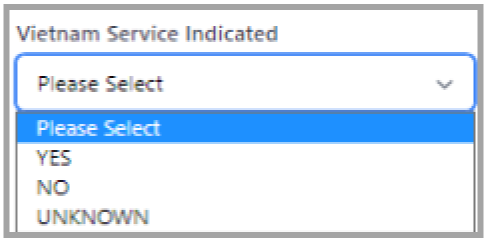


Figure 4-64: Vietnam Service Indicted window

- **Claim Number**. Use this field to enter the **patient's claim number**. It is a free-text field.
- **Is Service Connected**. Click **Yes** or **No** on this toggle button to indicate if the patient's disability is service connected.
- **Description of VA Disability**. Use this field to type a **description** of the **service disability**. It is a free-text field accepting 3 to 60 characters.
- **Valid VA Card**. Click **Yes** or **No** on this toggle button to indicate whether the patient has a valid **Veterans Administration (VA)** card. When **Yes** is selected, the **Date VA Card Copy Obtained** field displays.
- **Date VA Card Copy Obtained**. Use this field to show the **date** the copy of the patient's **VA card** was obtained. Manually enter the date using any of the accepted date formats or click the **calendar icon** to select the date from a calendar view.

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

4.16 Legal Documents

The **Legal Documents** left-navigation pane (Figure 4-65) provides a listing of legal documents that have been added to the patient's records.

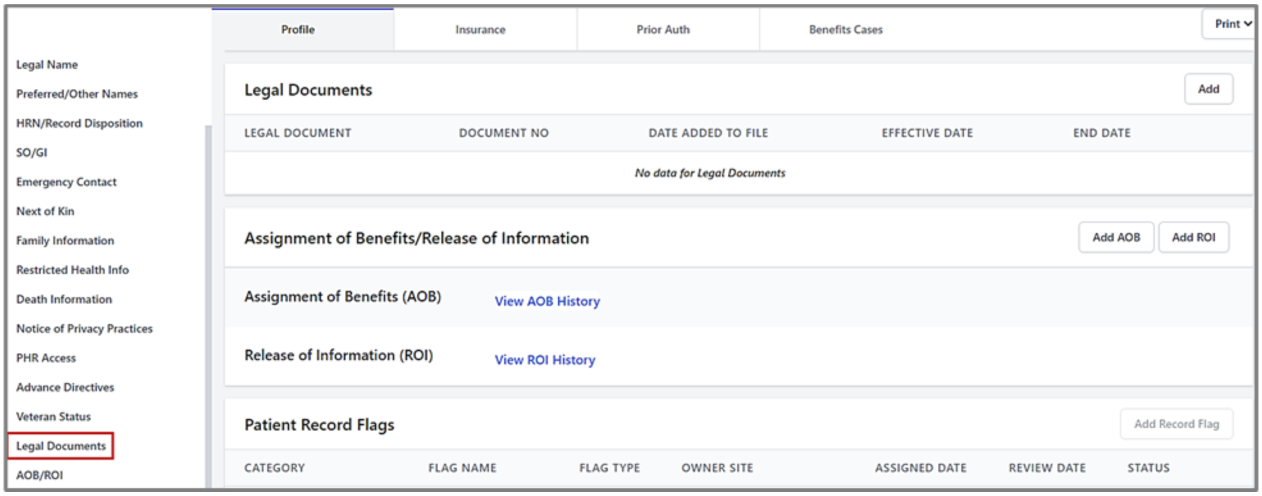


Figure 4-65: Legal Documents left-navigation pane

Click **Add** on the right side of the workspace to add the information.

- **Legal Document**. This is a required field (Figure 4-66). Use this field to specify the type of **legal document** being adding to the patient record. Click the **arrow** on the right of the field, then select from the options on the list.

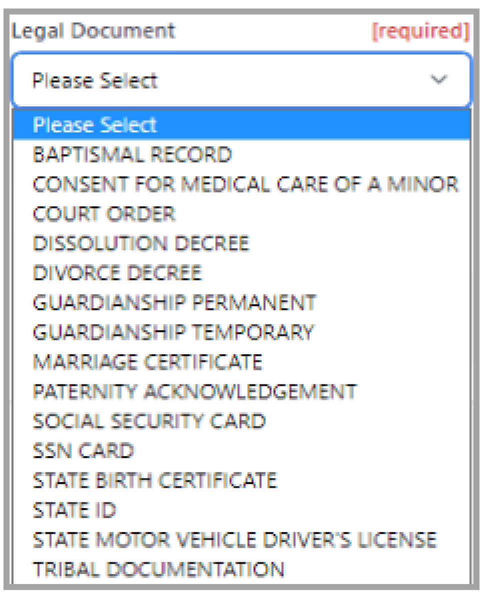


Figure 4-66: Legal Document list

- **Document Number**. Use this field to enter a **document number** (if provided). This is a free-text field that accepts alphanumeric characters.
- **Date Added to File**. This is a required field. Use this field to show when the **legal document** was added to the patient file. Manually enter the **date** using any of the accepted date formats or click the **calendar icon** to select the date from a calendar view.

- **Effective Date**. Use this field to show the **date** the **legal document** became (or becomes) effective. Manually enter the **date** using any of the accepted date formats or click the **calendar icon** to select the date from a calendar view.
- **End Date**. Use this field to show the **date** the **legal document** is no longer effective. If there is no expiration date on the document, this field can be left blank. Manually enter the **date** using any of the accepted date formats or click the **calendar icon** to select the date from a calendar view.
- To **edit** an existing legal document, select the **name** from the list and click **Edit** on the right side of the page. Once the changes have been completed, click **Save**.
- To **delete** an existing legal document, select the **name** from the list and click **Delete** on the right side of the page. To confirm the deletion, click **OK** or click **Cancel** to return to the previous screen.

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

4.17 AOB/ROI

The **AOB/ROI** left-navigation pane of the **Profile** tab displays dates pertaining to the **Assignment of Benefits (AOB)** and **Release of Information (ROI)**. Click either **Add AOB** or **Add ROI** on the right of the workspace to information.

4.17.1 Assignment of Benefits

Use this field to enter the date that an **Assignment of Benefits (AOB)** has been obtained from, or signed by, the patient. Click **Add AOB**. The **Assignment of Benefits** date field (Figure 4-67) displays.

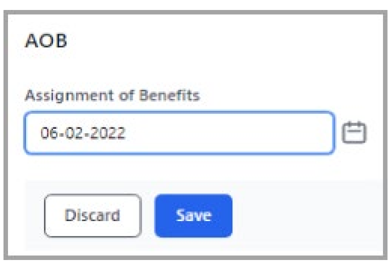


Figure 4-67: Assignment of Benefits date field

Manually enter the **date** using any of the accepted date formats or click the **calendar icon** to select the **date** from a **calendar view**. Click **Save** to return to the **AOB/ROI** left-navigation pane or click **Cancel**.

View AOB History now displays under the date. Click this link to display the **Patient AOB History** window (Figure 4-68). This is a historical log showing dates when previous AOBs were obtained.

Figure 4-68: Patient AOB History window

4.17.2 Release of Information

Use this field to enter the date that a **Release of Information (ROI)** has been obtained from, or signed by, the patient. Click **Add ROI**. The **Release of Information** date field (Figure 4-69) displays.

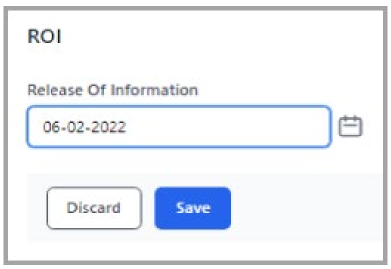


Figure 4-69: Release of Information date field

Manually enter the **date** using any of the accepted date formats or click the **calendar icon** to select the date from a calendar view. Click **Save** to return to the **AOB/ROI** left-navigation pane or click **Cancel**.

View ROI History now displays under the date. Click this **link** to display the **Patient ROI History** window (Figure 4-70). This is a historical log showing dates when previous AOBs were obtained.

Figure 4-70: Patient ROI History window

- **Discard**. Click **Discard** to close the workspace without saving any of the information. The **Confirm close without saving** warning message (Figure 4-18) displays.

- **Save**. When all additions and/or changes have been made, click **Save** to preserve the information.

4.18 Record Flag

The **Record Flag** workspace (Figure 4-71) of the **Profile** tab shows a comprehensive listing of patient record flags for **Category I** and **II**, as well as the details for those flags.

Figure 4-71: Record Flag left-navigation pane selection

> **Note:** Only user's with **DGPF ASSIGNMENT** security key can assign, edit, or change a Patient Record Flag. However, a user does not need a special key to view a **Patient Record Flag**.

4.18.1 Patient Record Flags Categories

Patient record flags are divided into **Category I (national)** and **Category II (local)** flags (Figure 4-72).

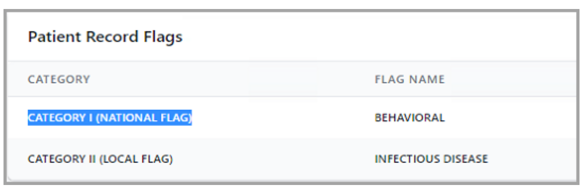


Figure 4-72: Patient Record Flags Categories

- **Category I flags**. These are shared nationally across all known treating facilities for the patient.
- **Category II flags**. These are locally established by individual facilities. They are not shared between facilities.

4.18.2 Add a Record Flag

To add a **Record Flag** to a patient's profile, click **Add Record Flag** on the right side of the workspace to add information.

- **Flag Name**. This is a required field. Type the first few letters of the specific **flag name** and a list displays to select from (Figure 4-73). Users can also type **??** to display the complete list. Select the **flag name** to add to the patient's file.

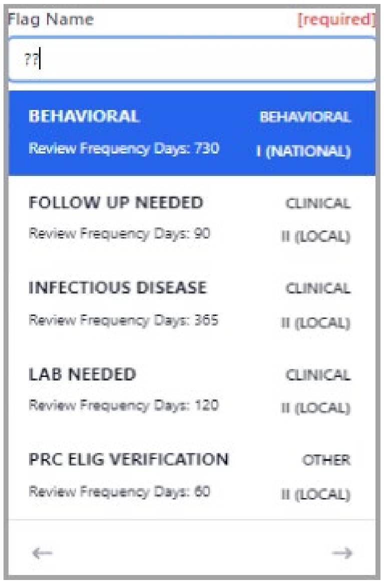


Figure 4-73: Flag Name search window

Note: Patients cannot be assigned the same flag more than once, even if the flag is inactive. The user should activate the old one and update it if they want that type of flag again.

- **Owner Site**. This is a required field (Figure 4-74). Type the first few letters of the **facility name** and a list displays to select from. Users can also type **??** to display the complete file list.

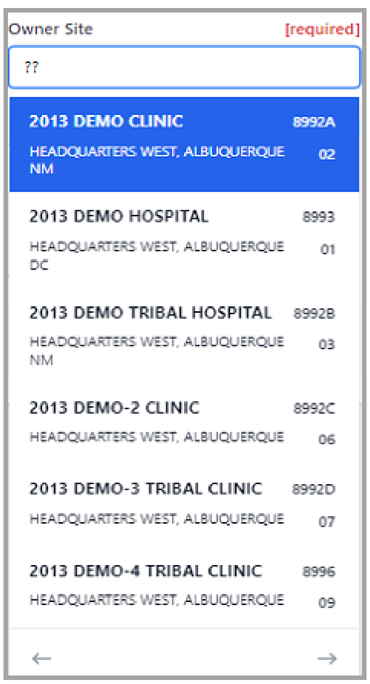


Figure 4-74: Owner Site search window

- **Approved By**. This is a required field (Figure 4-75). Type the first few letters of the **Approved By name** and a list displays to select from. Users can also type **??** to display the complete list.

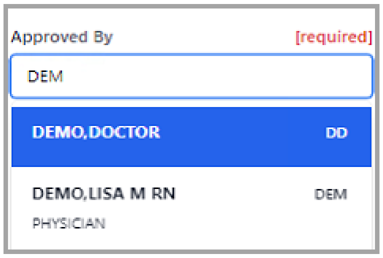


Figure 4-75: Approved By search window

- **Assignment Narrative**. This is a required field. Use this free-text field to enter an **explanation** for the particular **record flag** chosen.
- **Review Date**. This is a required field. This is the date the flag is up for review. The default is today's date. Users can click the **calendar icon** to the right of the field to select a **date**.

4.18.3 Edit a Record Flag Assignment

The Assignment of a Record Flag (Figure 4-76) can be edited to show **Change Assignment** (different user), **Inactivate Assignment**, or **Entered in Error**.

1. Select **Edit** next to the **Flag** name.

Figure 4-76: Patient Record Flags edit window

The **Assignment Details** window (Figure 4-77) displays.

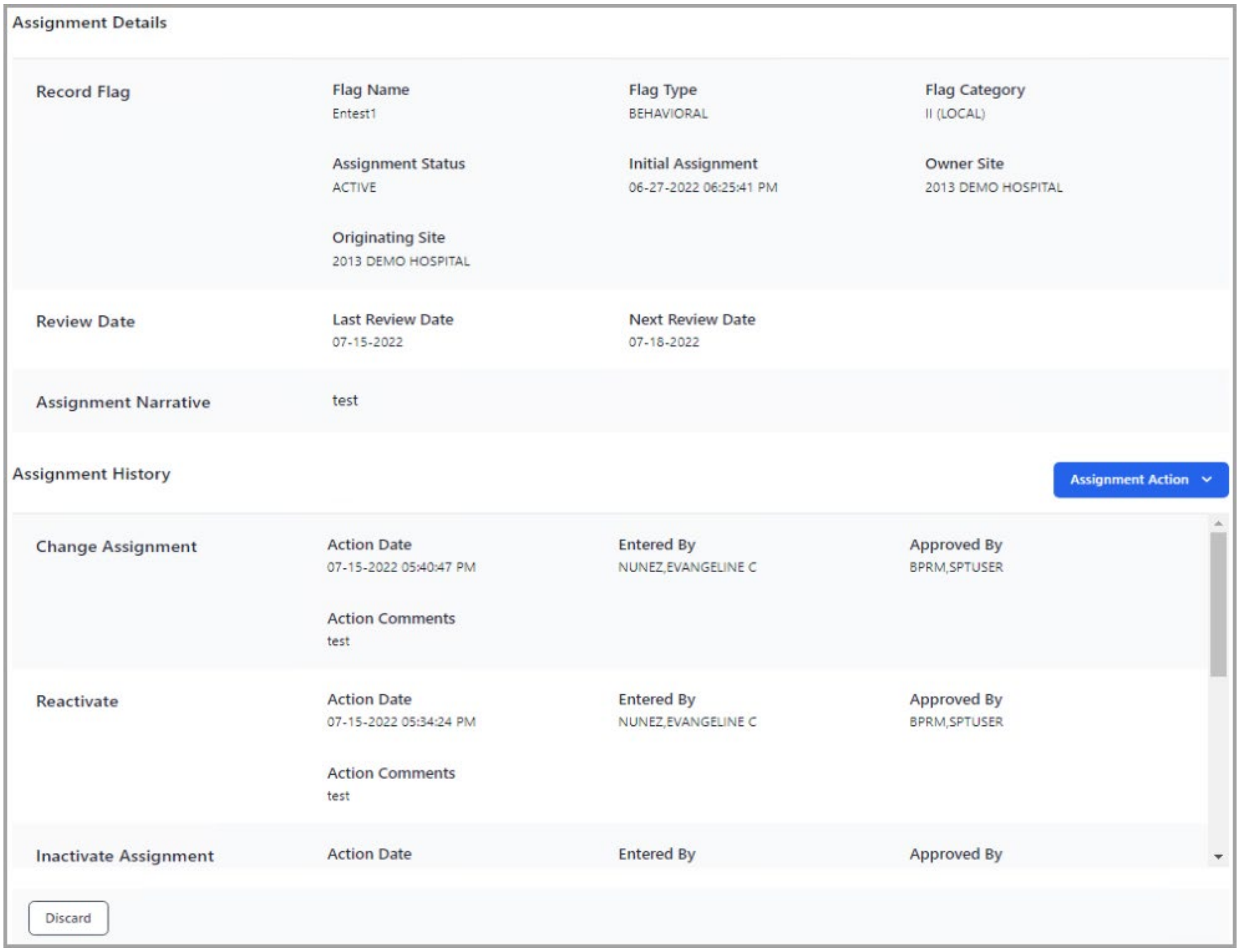


Figure 4-77: Assignment Detail window

2. Click the **Assignment Action** button on the right side of the window to display the assignment options (Figure 4-78) available on the list.

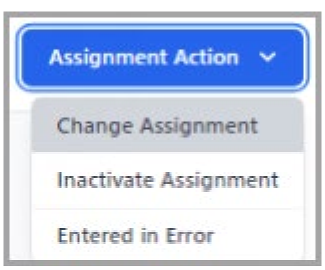


Figure 4-78: Patient Record Flags Assignment Options list

4.18.3.1 Change Assignment

On the **Assignment Action** list, select **Change Assignment** and the **Record Flag Assignment – Change Assignment** window (Figure 4-79) displays.

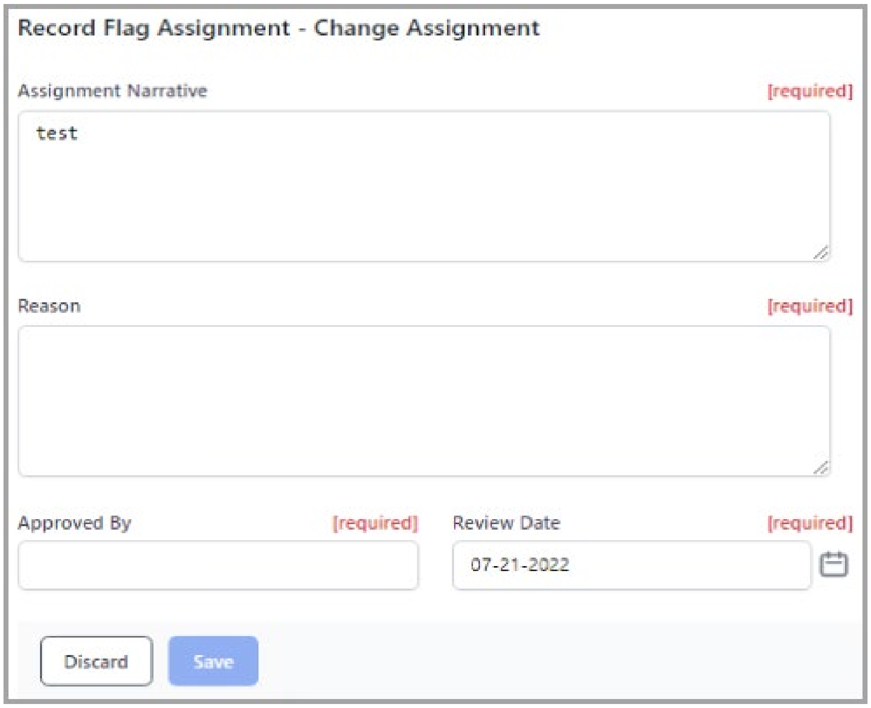


Figure 4-79: Record Flag Assignment – Change Assignment window

- **Assignment Narrative**. This is a required field. Use this field to enter **information** regarding the **flag assignment**. It is a word processing field.
- **Reason**. This is a required field. Use this field to enter a **reason** for the change in the **flag assignment**.
- **Approved By**. This is a required field. Use this field to enter the **name** of the **person** who approved the change.
- **Review Date**. This is a required field. Enter the **date** that the assignment change was made.

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

4.18.3.2 Inactivate Assignment

On the **Assignment Action** list, select **Inactivate Assignment** and the **Record Flag Assignment – Inactivate Assignment** window (Figure 4-80) displays.

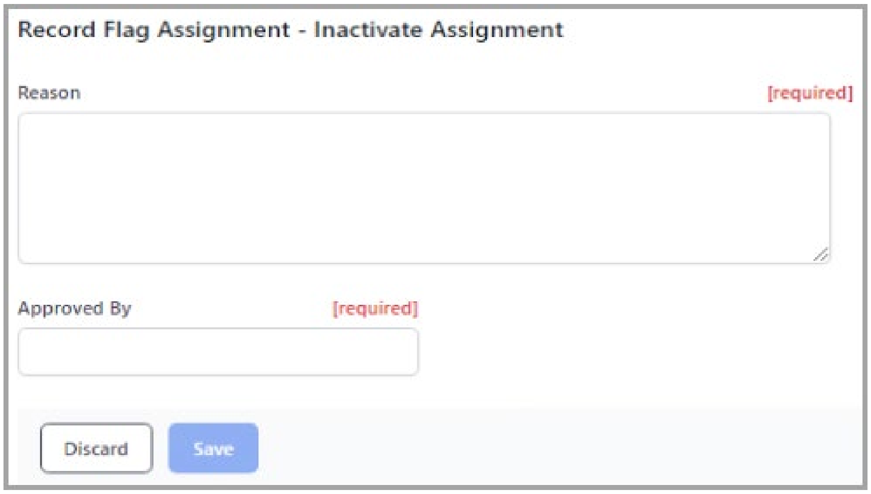


Figure 4-80: Record Flag Assignment – Inactivate Assignment window

- **Reason**. This is a required field. Use this field to enter a **reason** for the change in the **flag assignment**.
- **Approved By**. This is a required field. Use this field to enter the **name** of the **person** who approved the change.

4.18.3.3 Entered in Error

Select **Entered in Error** and the **Record Flag Assignment – Entered in Error** window (Figure 4-81) displays.

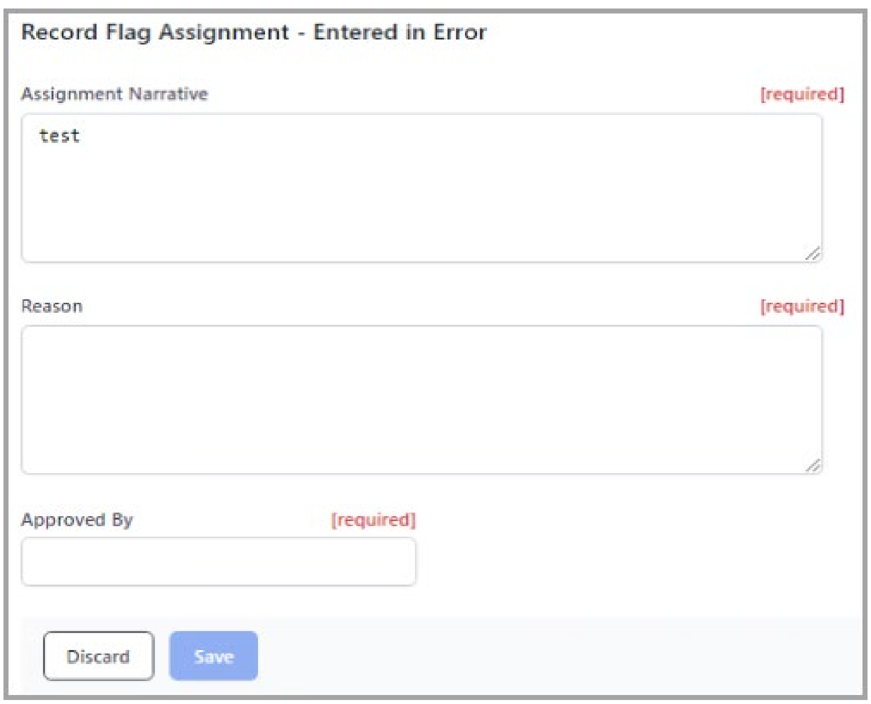


Figure 4-81: Record Flag Assignment – Entered in Error window

- **Assignment Narrative**. This is a required field. Use this field to enter **information** regarding the **flag assignment** entered in error. It is a word processing field.
- **Reason**. This is a required field. Use this field to enter a **reason** why the **flag assignment** was entered in error.
- **Approved By**. This is a required field. Use this field to enter the **name** of the **person** who approved the change.

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

4.19 Notes

The **Notes** left-navigation pane (Figure 4-82) within the **Profile** tab shows available notes about the current patient's record. This is a free-text field where notes can be added or removed as needed.

Figure 4-82: Notes tab example

Click **Edit Notes** to add and edit text for the **current patient**.

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

If a note is over 74 characters in length (including dashes or dots), the following error (Figure 4-83) displays upon saving.

Figure 4-83:Overlong Word warning message

> **Note:** Once adding or deleting text is completed, users must click outside the text area to activate the **Save** button.

5.0 Errors/Warnings

Error (

) and **Warnings** (

) message icons are displayed for each patient in the individual **Patient Header** tabs and the left-navigation tabs (Figure 5-1).

- An error is required to be fixed before it can be saved.
- A warning is a notice that a field is incomplete but is not required.

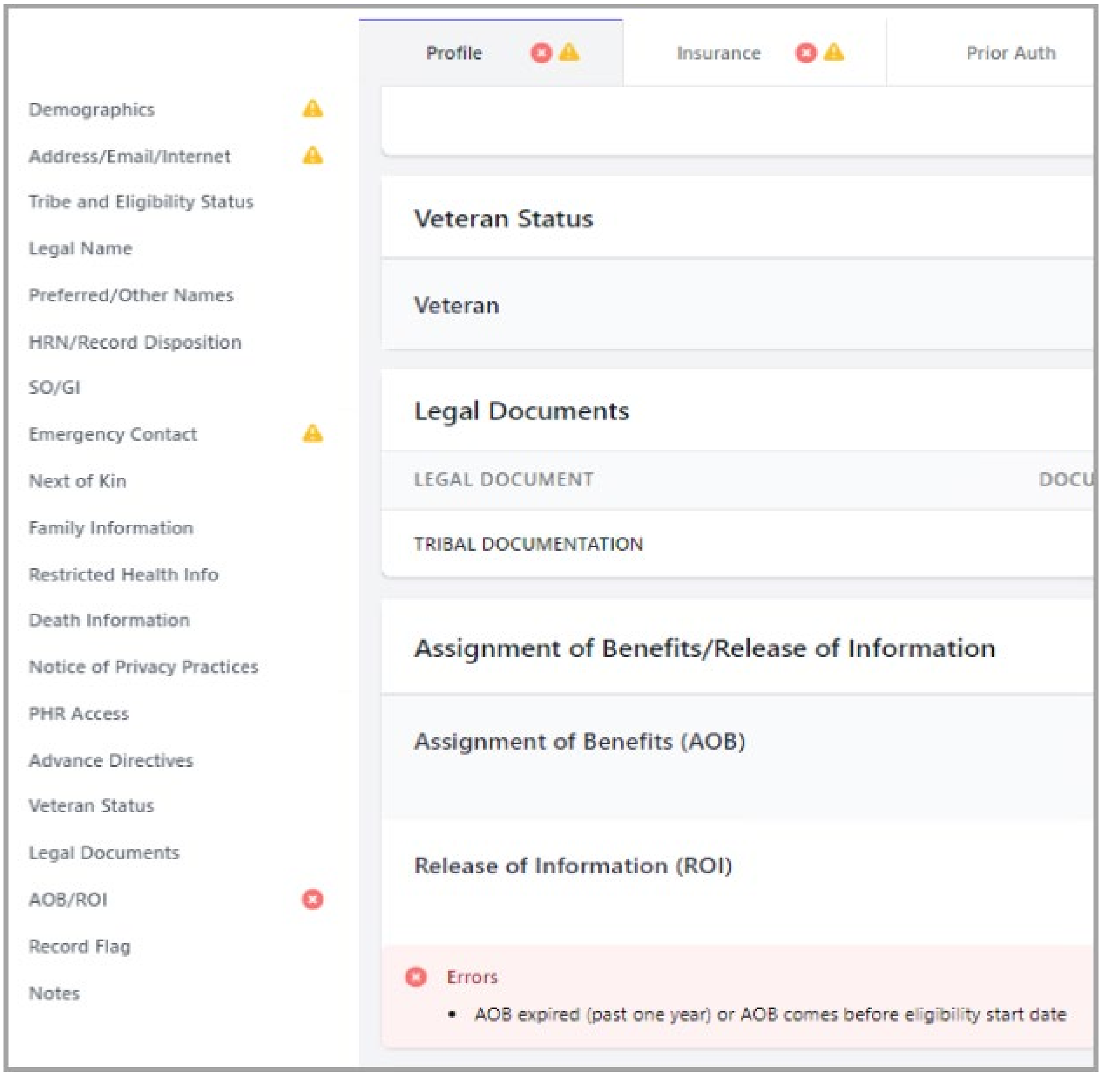


Figure 5-1: Errors and Warnings displayed

Users can view the **symbol(s)** and their **message(s)** at the bottom of the page to determine the reason for each message.

For additional information, refer to the *BPRM Application Overview User Manual*.

6.0 Insurance

The **Insurance** tab (Figure 6-1) contains insurance coverage information available for the selected patient.

Figure 6-1: Insurance Tab

Insurance coverage on the left-navigation pane contains the following:

- Insurance Coverage
- Insurance Sequence
- MSP Surveys
- Status
  - Active
  - Inactive
  - All

6.1 Insurance Coverage

The **Insurance Coverage** workspace (Figure 6-2) displays the following information:

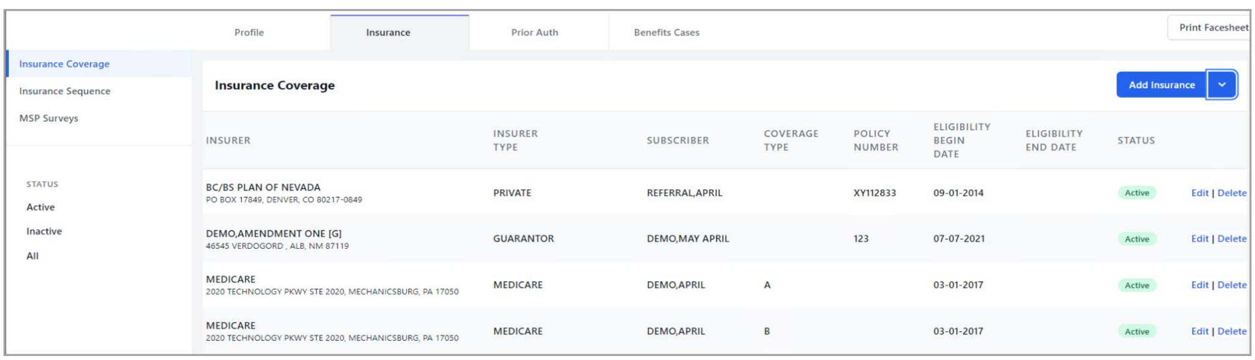


Figure 6-2: Insurance Coverage

The following fields display:

- **Insurer**. Displays the insurer's name and address.
- **Insurer Type**. Displays the type of insurance for each insurer.
- **Subscriber**. Displays the name of the person or agent providing the insurance for the patient.
- **Coverage Type**. Displays the type of coverage being provided.
- **Policy Number**. Displays the patient's policy number for the insurance.

- **Eligibility Begin Date**. Displays the patient's eligibility date for the insurance.
- **Eligibility End Date**. Displays the end date for the patient's insurance eligibility.
- **Status.** Displays the status of each of the patient's insurance coverage.

To filter a specific status, refer to **Status** on the left-navigation pane and select **Active**, **Inactive**, or **All**.

Each of these fields can be edited or deleted.

6.1.1 Adding Insurance

Add Insurance is a combination button allowing the user to search all insurances.

- Click **Add Insurance** (Figure 6-3) on the right side of the **Insurance Coverage** window.

Figure 6-3: Add Insurance button

The **Search Insurance** window (Figure 6-4) displays.

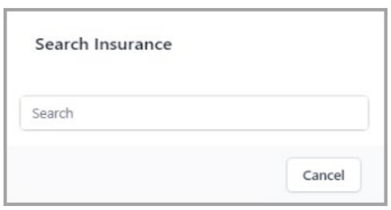


Figure 6-4: Search Insurance window

- Users can enter the name of the **insurer**, or the first few letters of the **name** and an alphabetical list of names displays in a list (Figure 6-5).

Figure 6-5: Search Insurance list

Users can enter **??** in the search field and the entire list of insurers is returned in alphabetical order.

- Select an **insurer** from the list.

  The list includes the **insurer's address** and **phone number**, if available, as well as the **Insurer Type**. Five insurers are displayed at a time. If the search returns more than five insurers, the user can move to the next page using the **left** and **right** arrows at the bottom of the list.

Note:	Users can enter **??** in the search field and the entire list of insurers is returned in alphabetical order.

- Another way to add new insurance is to click the **down arrow** (Figure 6-6) on the right side of the **Add Insurance** button. This filters the selections by insurance type. A list of insurer types displays.

Note:	The insurance file has 21 insurance types, only the following seven are listed. If users do not find the insurance they are looking for, the **Search Insurance** option can be used.

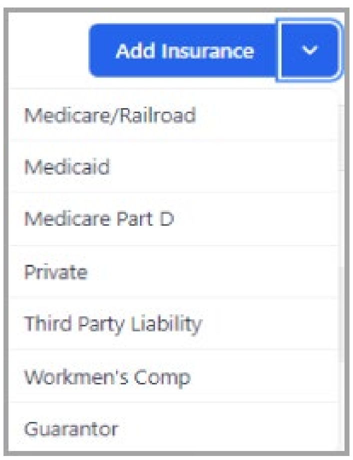


Figure 6-6: Add Insurance window

What is unique about this search is that it is limited by the **Insurer Type** the user selected. For example, if **Private** is selected, when the user starts their search, it narrows the insurers to those that are **Private** insurance only.

Once the **insurer** is selected, a form displays for the entry of the patient's policy information. Different forms are displayed based on the type of insurer selected.

6.1.2 Adding Private Insurance Coverage

In the case of private insurers, the form is populated in two different ways:

- When the patient is the policy holder.

- When a different person is the policy holder (registered or not registered in Registration).

6.1.2.1 Private Insurance Fields – Patient is the Policy Holder

Click **Same as Patient** to the right of the **Policy Holder** field to enter insurance information (Figure 6-7) when the patient is the policy holder.

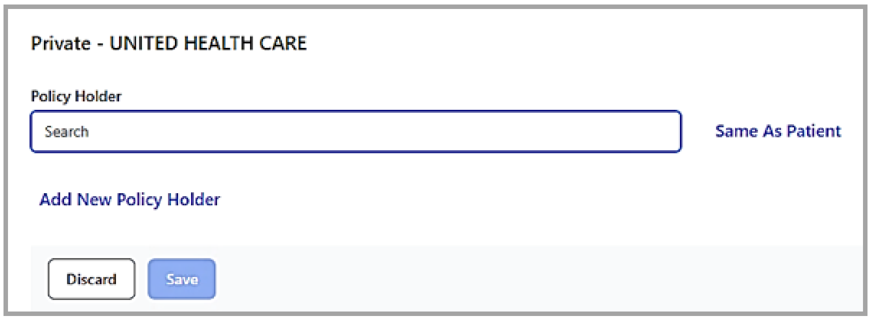


Figure 6-7: Patient as Policy Holder field

Figure 6-8 shows an example of the form. Required fields are noted.

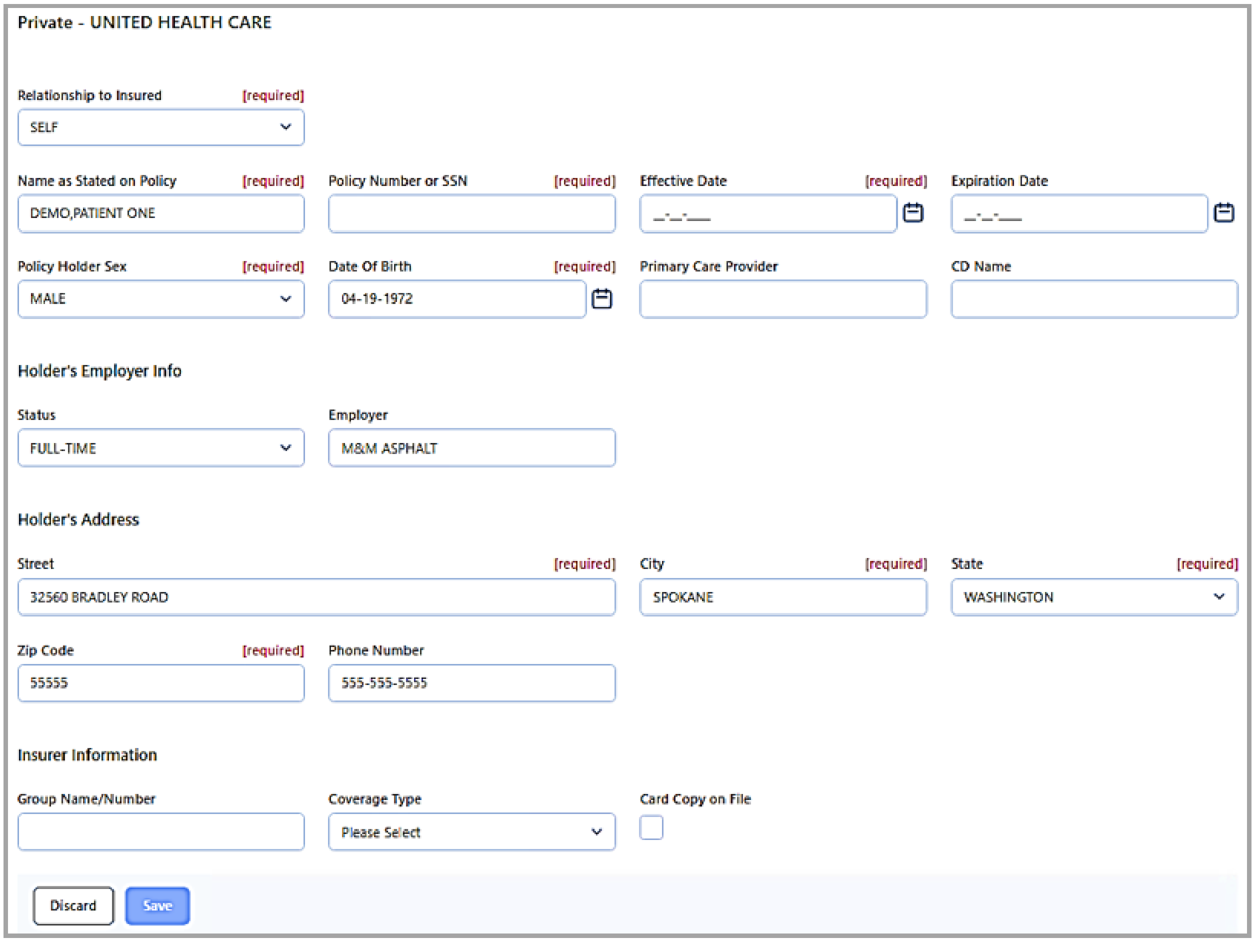


Figure 6-8: Private Insurance page example

When the patient is the policy holder, the following fields display. Required fields are noted.

- **Relationship to Insured**. This is a required field. Auto-populated with SELF.
- **Name as Stated on Policy**. This is a required field. Policy holders name. Auto-populated with registered Patient’s name.
- **Policy Number or SSN**. This is a required field. 3 to 20-character string.
- **Effective Date**. This is a required field. Date policy became effective.
- **Expiration Date**. This is a required field. Date policy will expire.
- **Policy Holder Sex**. This is a required field (Figure 6 8). Use this field to identify the policy holder's sex at birth. Auto-populated as registered Patient’s birth sex.
- **Date of Birth**. This is a required date field. Auto-populated as registered Patient’s date of birth.
- **Primary Care Provider**. Patient’s Primary Care provider in LAST,FIRST format. This is usually required for HMO/Managed Care plans.

- **CD Name**. Patient's name as it appears on their insurance card.

Holders Employer Info

- **Status**. Click in the field (Figure 6-9) and select one of the following:

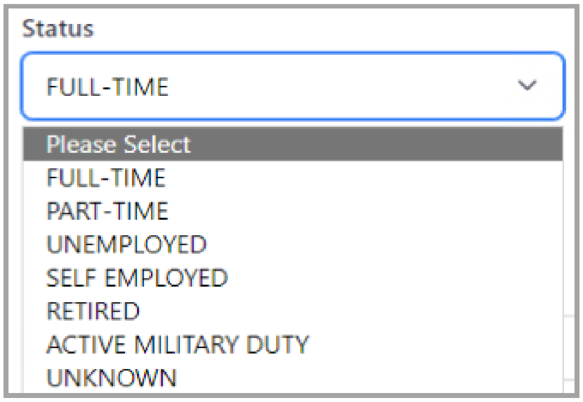


Figure 6-9: Status field

- **Employer**. Use the search box to find the **policy holder's employer**. Employers can be added to the list of employers through the **Settings** module.

Holder's Address – Auto Populated with Registered Patient's Address

- **Street**. Policy holder's street address.
- **City**. Policy holder's city.
- **State**. Policy holder's state.
- **Zip Code**. Policy holder's Zip Code. Accepts Zip+4-digit extension.
- **Phone Number**. Policy holder's phone number.

Insurer Information

- **Group Name/Number**. This is a required field if the parameter is set as required. It is the insurance policy group name/number and is a 3 to 30-character string.
- **Coverage Type**. Populates based on the coverage types available for the selected Insurance.
- **Card Copy on File**. Check box. Select to indicate **Yes**.
- **Date Obtained**. Displays when the **Card Copy on File** checkbox is selected. Date the **Card Copy** was obtained.

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

6.1.2.2 Private Insurance Fields – Registered Patient is the Policy Holder

Click **Search Policy Holder** field (Figure 6-10) to search for a registered patient and select from the list of patients.

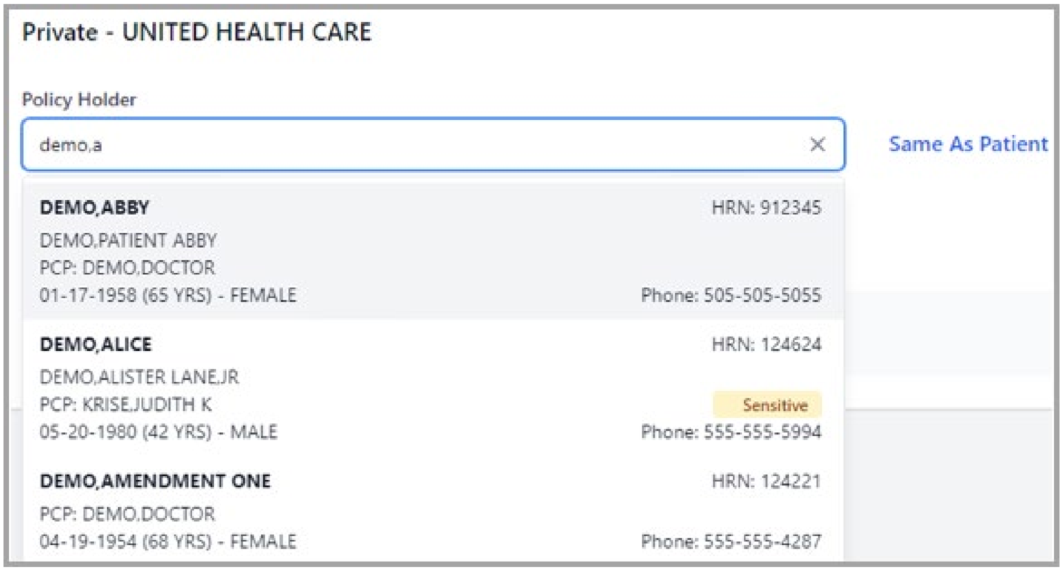


Figure 6-10: Registered Patient is the Policy Holder example

Figure 6-11 shows an example of the window. Required fields are noted.

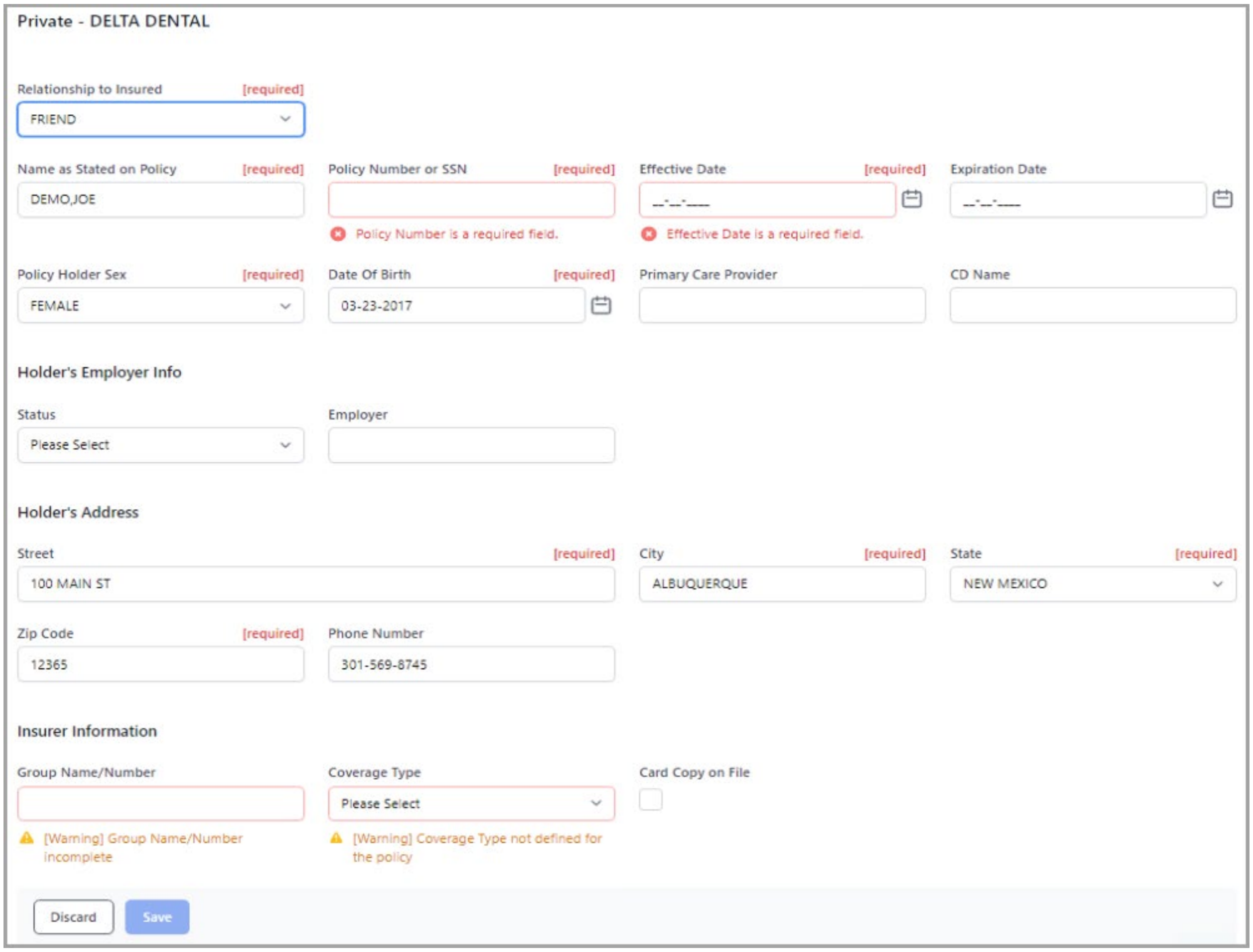


Figure 6-11: Private Insurance window example

When the registered patient is the policy holder, the following fields display. Required fields are noted.

- **Relationship to Insured**. This is a required field. Patient's relationship to the insured
- **Name as Stated on Policy**. This is a required field. Policy holders name. Auto-populated with registered Patient's name.
- **Policy Number or SSN**. This is a required field. It is a 3- to 20-character string.
- **Effective Date**. This is a required field. Date policy became effective.
- **Expiration Date**. This is a required field. Date policy will expire.
- **Policy Holder Sex**. This is a required field. Use this field to identify the policy holder's sex at birth. Auto-populated as registered Patient's birth sex.
- **Date of Birth**. This is a required date field. Auto-populated as registered Patient's date of birth

- **Primary Care Provider**. Patient's Primary Care provider in LAST,FIRST format. This is usually required for HMO/Managed Care plans.
- **CD Name**. The patient's name as it appears on their insurance card.

Holders Employer Info

- **Status**. Click in the field (Figure 6-12) and select one of the following:

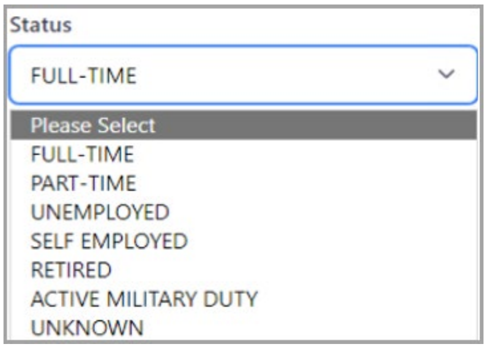


Figure 6-12: Holders Employer Status field

- **Employer**. Use the search box to find the policy holder's employer. Employers can be added to the list of employers through the **Settings** module.

Holder's Address – Auto Populated with Registered Patient's Address

- **Street**. Policy holder's street address.
- **City**. Policy holder's city.
- **State**. Policy holder's state.
- **Zip Code**. Policy holder's Zip Code. Accepts Zip+4-digit extension.
- **Phone Number**. Policy holder's phone number.

Insurer Information

- **Group Name/Number**. This is a required field if parameter set as required. Insurance policy group name/number. Is a 3- to 30-character string.
- **Coverage Type**. Populates based on the coverage types available for the selected Insurance.
- **Card Copy on File**. Check box. Select to indicate **Yes**.
- **Date Obtained**. Displays when the **Card Copy on File** checkbox is selected. Date the Card Copy was obtained.

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

6.1.2.3 Private Insurance Fields – Policy Holder Not a Registered Patient

To add a policy holder who is not a registered patient, click **Add New Policy Holder**.

Figure 6-13 shows an example of the form. Required fields are noted.

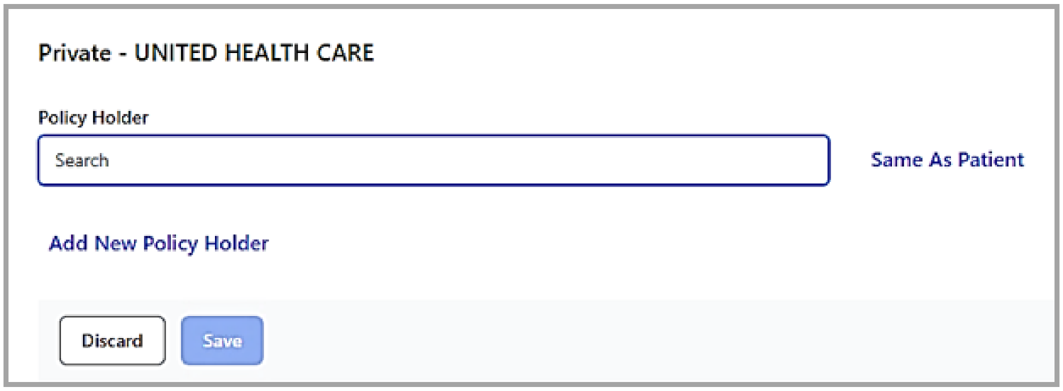


Figure 6-13: Add New Policy Holder button

Figure 6-14 shows an example of the form. Required fields are noted.

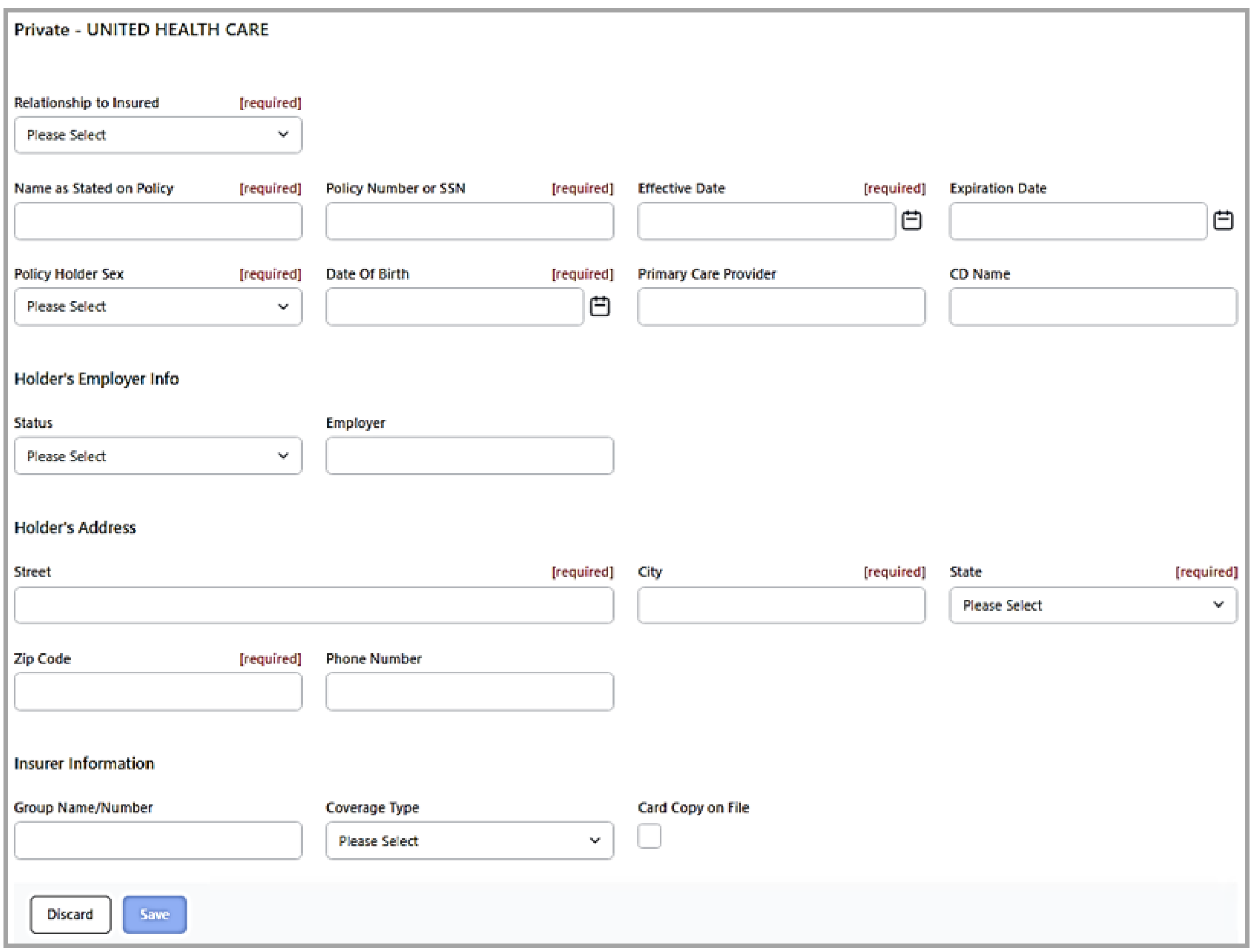


Figure 6-14: New Private Insurance Policy window example

When adding someone other than the patient as the policy holder or a registered patient, the fields below are provided.

- **Relationship to Insured**. This is a required field. Select how the policy holder is related to the insured.
- **Name as Stated on Policy**. This is a required field. Policy holders name.
- **Policy Number or SSN**. This is a required field. 3 to 20-character string.
- **Effective Date**. Policy holder’s effective date.
- **Expiration Date**. Policy holder’s expiration date.
- **Policy Holder Sex**. This is a required field (refer to Figure 6-14). Use this field to identify the policy holder's sex at birth.
- **Date of Birth**. Policy holder’s date of birth.
- **Primary Care Provider**. Patient’s Primary Care provider in LAST,FIRST format.
- **CD Name**. The patient’s name as it appears on their insurance card.

Holder’s Employer Info

- **Status**. Policy holder’s employer information (Figure 6-15). Select from the following:

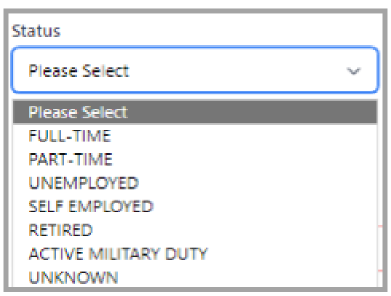


Figure 6-15: Policy Holder's Employer Information dialog

- **Employer**. Use the search box to find the policy holder’s employer. Employers can be added to the list of employers through the **Settings** module.

Holder’s Address

- **Street**. Policy holder’s street address.
- **City**. Policy holder’s city.
- **State**. Policy holder’s state.
- **Zip Code**. Policy holder’s Zip Code. Accepts Zip+4-digit extension.
- **Phone Number**. Policy holder’s phone number.

Insurer Information

- **Group Name/Number**. This is a required field. Insurance policy group name/number. Is a 3 to 30-character string.
- **Coverage Type**. Displays the type of coverage being provided.
- **Card Copy on File**. Check box. Copy of the insurance card on file.
- **Date Obtained**. Displays when the Card Copy on File checkbox is selected. Date the Card Copy was obtained.

When all additions and/or changes have been made, click **Save** to save the information or click **Discard** to close the section without saving. The **Confirm close without saving** message (Figure 4-18) displays.

6.1.3 Adding New Policy Members to Private Insurance

More than one person can be associated with a private insurance policy once it is saved.

From the **Insurance Coverage** window, click **Edit** on the right side of the window. The **Private Insurer** window displays. In the **Policy Members** window, click **Add** to open the **Policy Member** window (Figure 6-16) to add other policy members to this plan.

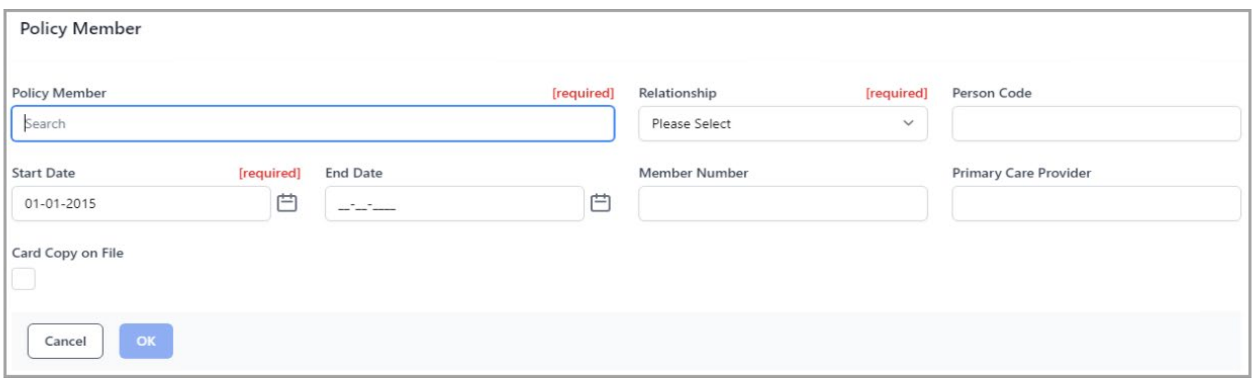


Figure 6-16: Policy Member window example

Once the **Policy Member** window displays, complete the fields to add other policy members to this plan. Required fields are noted on the form.

- **Policy Member**. This is a search box. Insured person's name in LAST,FIRST [MIDDLE] format for a registered patient.
- **Relationship**. Choose from the list to indicate the insured person's relationship to the policy holder.
- **Person Code**. A 2- to 10-character string.
- **Start Date**. New policy member's start date.

- **End Date**. New policy member's end date.
- **Member Number**. A 1- to 20-character string.
- **Primary Care Provider**. Patient's Primary Care provider in LAST,FIRST format. This is usually required for HMO/Managed Care plans.
- **Card Copy on File**. Copy of the new member's insurance card on file.

After completing the form, click **OK** to save the information or **Cancel** to continue.

6.1.4 Editing a Policy Member to Private Insurance

From the **Insurance Coverage** window, click **Edit** on the right side of the window. The **Private Insurer** window (Figure 6-17) displays.

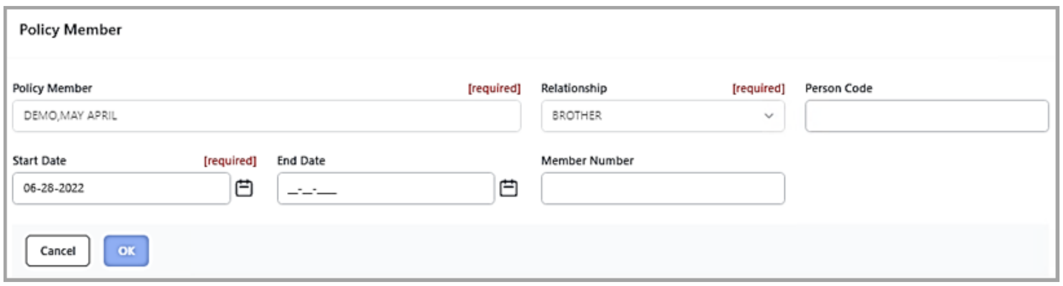


Figure 6-17: Private Insurer window

In the **Policy Members** section, click **Edit** to open the **Policy Member** dialog.

Once the **Policy Member** page is displayed, the fields that are editable are **Person Code**, **Start Date**, **End Date**, and **Member Number**.

- **Policy Member**. Insured person's name in LAST,FIRST [MIDDLE] format. Not editable.
- **Relationship**. Insured person's relationship to the policy holder. Not editable.
- **Person Code**. A 2- to 10-character string.
- **Start Date**. New policy member's start date.
- **End Date**. New policy member's end date.
- **Member Number**. A 1- to 20-character string.

After completing the form, click **OK** to save the information or **Cancel** to continue.

6.1.5 Adding Medicare Coverage

If the insurance provider is **Medicare**, the window shown in Figure 6-18 displays. Required fields are noted on the form.

> **Note:** To add Medicare Coverage Part D, the patient must have Medicare or Railroad Parts A or B.

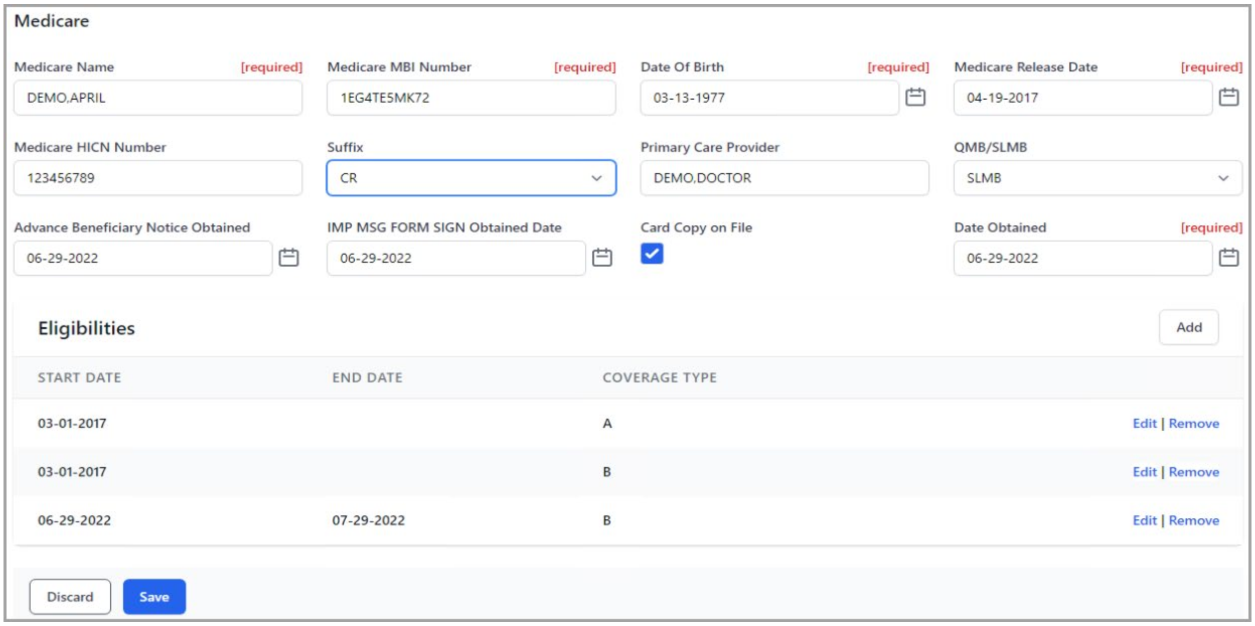


Figure 6-18: Medicare Insurance page example

6.1.5.1 Medicare Insurance Fields

The following fields are provided on the **Medicare** window.

- **Medicare Name**. This is a required field. Patient’s name in LAST,FIRST [MIDDLE] format. Show the name of the patient as printed on the Medicare card. This is the primary insured person. Verify that the patient’s name appears pre-printed on the ID card. If the name on the card is incorrect, enter it as it appears on the card, and then instruct the patient to contact Medicare directly to correct the name on the card.
- **Medicare MBI Number**. Patient’s Medicare Beneficiary Identifier (MBI) Number. Use this field to show the Medicare MBI number, using eleven alphanumerical characters.
- **Date of Birth**. Enter the patient's date of birth (DOB) exactly as printed on the Medicare card. If the DOB on the card is incorrect, use the one on the card, and then instruct the patient to contact Medicare directly to correct the DOB on the ID card.
- **Medicare Release Date**. Shows the date the Medicare release of information was added to the patient’s records.
- **Medicare HICN Number**. Patient’s Medicare Health Insurance Claim Number (HICN). Use this field to show the Medicare HICN number, without the suffix, using nine digits.
- **Suffix**. Choose a suffix from the list. This is the suffix shown on the Medicare ID card.

- **Primary Care Provider**. Patient's Primary Care physician in LAST,FIRST format.
- **QMB/SLMB**. Select the appropriate option from the list. QMB is Qualified Medical Beneficiary and SLMB is Specific Low Income Medical Beneficiary.
- **Advance Beneficiary Notice Obtained**. The date the Advance Beneficiary Notice was obtained.
- **IMP MSG FORM SIG OBTAINED**. Enter date the Important Message from Medicare form was obtained and entered into the patient's chart.
- **Card Copy on File**. A check box to indicate a copy of the patient's Medicare card was obtained and placed into the chart.
- **Date Obtained**. Date field that is only available to edit if the **Card Copy On File** check box is selected. Enter the date the Medicare card was placed into patient's chart.

6.1.5.2 Eligibilities

Click **Add** on the right side of the window to add the patient's **Medicare eligibilities**. The following fields are provided on the **Eligibilities** window (Figure 6-19).

Note:	A patient must have at least one eligibility to file Medicare insurance.

Figure 6-19: Eligibilities window

- **Coverage Type**. Select **A** or **B** as a coverage type from the list.
- **Start Date**. Shows the date the patient was eligible for insurance.
- **End Date**. Shows the date the patient's insurance coverage ended.

After the form has been finalized, click **OK** to save the information or **Cancel** to exit.

To make changes to an existing **Medicare Eligibility**, click **Edit** to the right of the eligibility and then make any changes.

To remove a **Medicare Eligibility**, click **Remove** to the right of the eligibility.

6.1.5.3 Editing Medicare Coverage

To edit information about a patient’s **Medicare** coverage, click **Edit** to the right of a **Medicare** insurer type (Figure 6-20). The patient’s **Medicare** window opens.

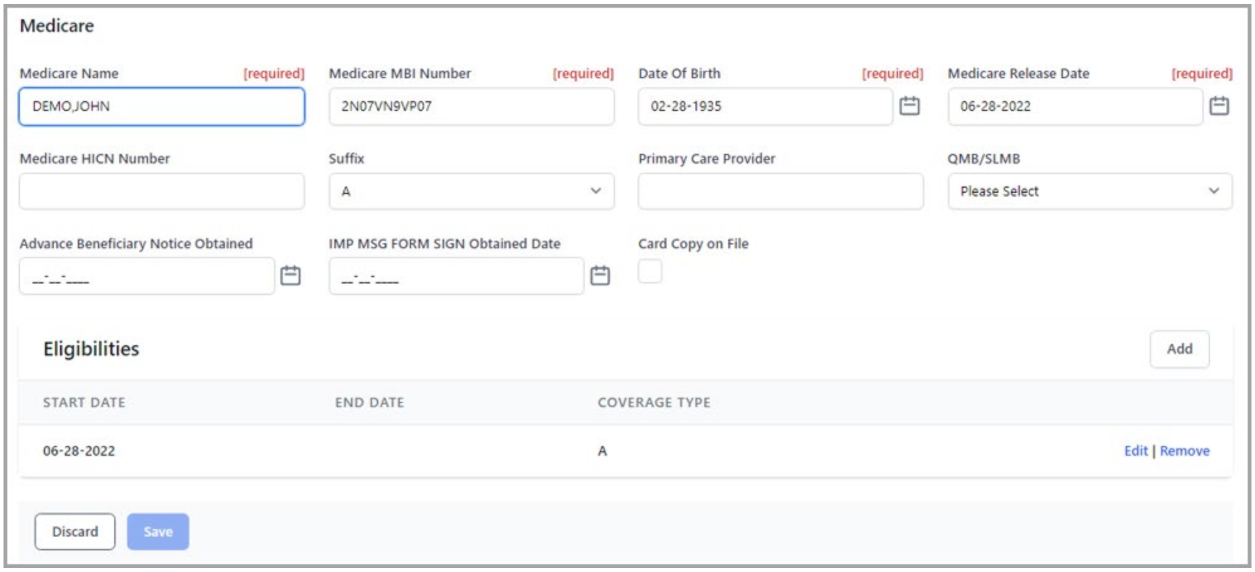


Figure 6-20: Edit Medicare window for an individual patient

Once displayed, the various fields in the **Medicare** window can be edited as needed.

Information can also be edited in the **Eligibilities** section of the window. Click **Edit** to make any changes to it.

When all additions and/or changes have been made, click **Save** to save the information or click **Discard** to close the section without saving. The **Confirm close without saving** message (Figure 4-18) displays.

6.1.6 Adding Railroad Retirement Insurance

Railroad Retirement Insurance is, in essence, a form of Medicare. For this reason, adding Railroad Retirement Insurance is similar to adding Medicare. When the insurance provider is Railroad Retirement, the page shown in Figure 6-21 displays. Required fields are noted on the form.

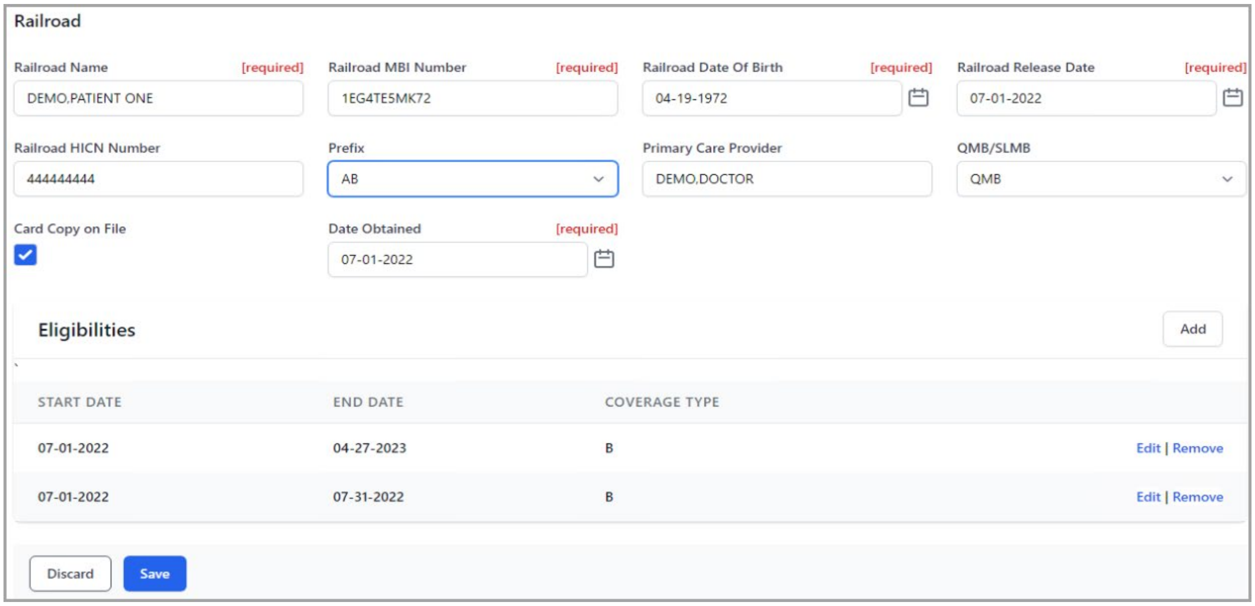


Figure 6-21: Railroad Retirement Insurance window example

6.1.6.1 Railroad Retirement Insurance Policy Fields

The following fields are provided on the **Railroad** window.

- **Railroad Name**. This is a required field. Patient's name in LAST,FIRST [MIDDLE] format. Show the name of the patient as printed on the Railroad card. This is the primary insured person. Verify that the patient's name appears pre-printed on the ID card. If the name on the card is incorrect, enter it as it appears on the card, and then instruct the patient to contact Railroad directly to correct the name on the card.
- **Railroad MBI NUMBER.** Patient's Railroad Beneficiary Identifier (MBI) Number. Use this field to show the Railroad MBI number, using eleven alphanumerical characters.
- **Date of Birth**. Enter the patient's date of birth (DOB) exactly as printed on the Railroad card.
- **Railroad Release Date**. Shows the date the Railroad release of information was added to the patient's records.
- **Railroad HICN Number**. Patient's Railroad Health Insurance Claim Number (HICN). Use this field to show the Railroad HICN number, without the suffix, using nine digits.
- **Prefix**. Choose a prefix from the list. This is the prefix shown on the Railroad ID card.
- **Primary Care Provider**. Patient's Primary Care physician in LAST,FIRST format.

- **QMB/SLMB**. Select the appropriate option from the list. **QMB** is **Qualified Medical Beneficiary** and **SLMB** is **Specific Low Income Medical Beneficiary**.
- **Card Copy on File**. A check box that enables to indicate a copy of the patient's Railroad card was obtained and placed into the chart.
- **Date Obtained**. A date field that is only available to edit if the **Card Copy on File** check box is selected. Enter the date the Railroad card was placed into patient's chart.

6.1.6.2 Eligibilities

Click **Add** on the right side of the window to add the patient's Railroad eligibilities. The following fields are provided on the **Eligibilities** window (Figure 6-22).

> **Note:** A patient must have at least one eligibility to file Railroad insurance.

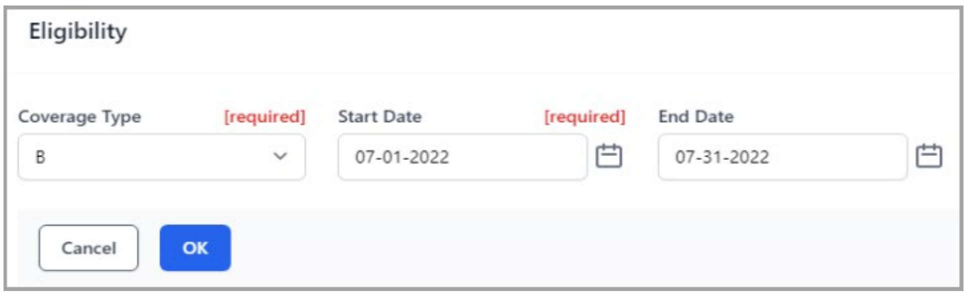


Figure 6-22: Eligibilities window

- **Coverage Type**. Select **A** or **B** as a coverage type from the list.
- **Start Date**. Shows the date the patient was eligible for insurance.
- **End Date**. Shows the date the patient's insurance coverage ended.

After the form has been finalized, click **OK** to save the information or **Cancel** to exit.

To make changes to an existing **Medicare Eligibility**, click **Edit** to the right of the eligibility and then make any changes.

To remove a **Railroad Eligibility**, click **Remove** to the right of the eligibility.

6.1.6.3 Editing Railroad Retirement Coverage

To edit information about a patient's **Railroad Retirement** coverage, click **Edit** to the right of a **Railroad Retirement Insurer** type (Figure 6-23). The patient's **Railroad** window opens.

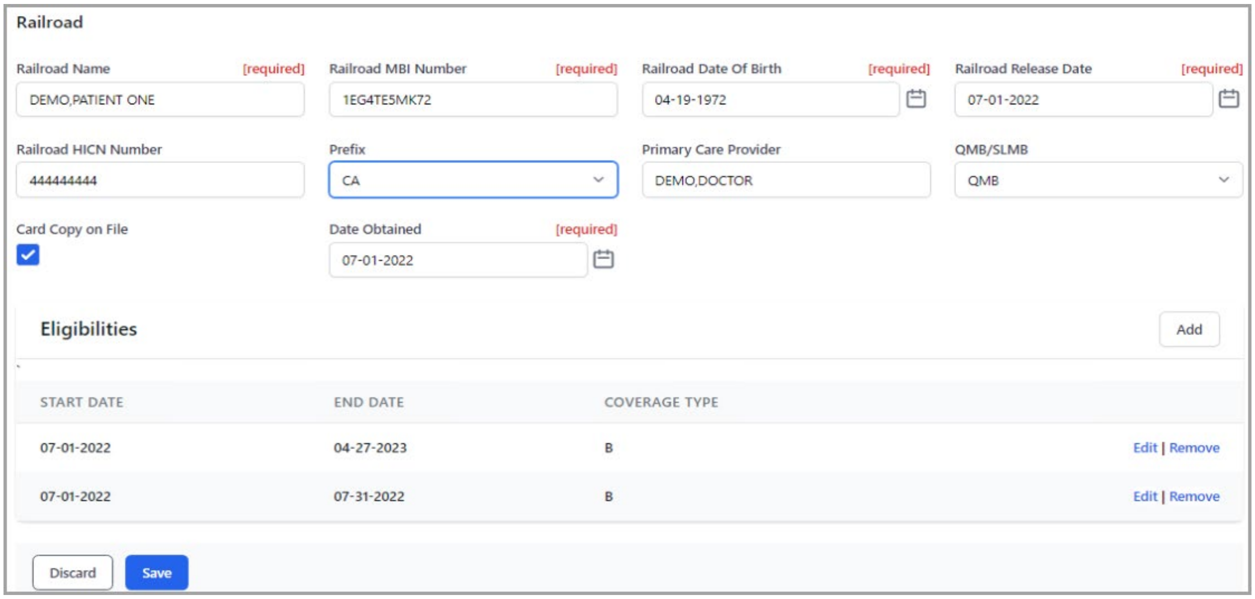


Figure 6-23: Edit Railroad window for an individual patient

Once displayed, the various fields in the **Railroad** window can be edited as needed.

Information can also be edited in the **Eligibilities** section of the window. Click **Edit** to make any changes to it.

When all additions and/or changes have been made, click **Save** to save the information or click **Discard** to close the section without saving. The **Confirm close without saving** message (Figure 4-18) displays.

6.1.7 Adding Medicare Part D

If **Medicare Coverage Type D** is selected, the following fields display on the form; this is reflected in the example shown in Figure 6-24.

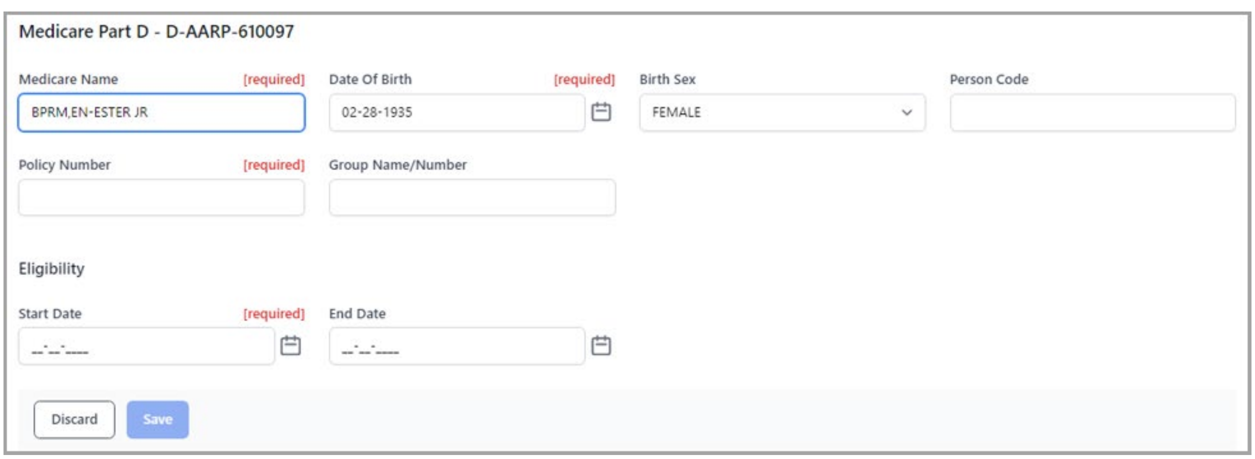


Figure 6-24: Medicare Coverage Type D window

The following fields are provided on the Medicare window.

- **Medicare Name**. This is a required field. Patient’s name in LAST,FIRST [MIDDLE] format.
- **Date of Birth**. Enter the patient's date of birth (DOB).
- **Birth Sex**. Use this field to identify the policy holder's sex at birth. Choose from the list to specify either Male, Female, or Unknown.
- **Person Code**. 2 to 10-character string. Use this field to show the policy holder’s person code. This code is used to uniquely identify each family member.
- **Policy Number**. 6 to 30-character string: Enter the ID number as it appears on the patient’s Medicare card.
- **Eligibility Start Date**. Shows the date the patient was eligible for insurance.
- **Eligibility End Date**. Shows the date the patient’s insurance coverage ended.

6.1.8 Editing Medicare Part D

To edit information about a patient’s **Medicare Part D** coverage, click **Edit** to the right of the **Medicare Part D Insurer** type. The same form displays to edit, and any field can be edited and saved.

When all additions and/or changes have been made, click **Save** to save the information or click **Discard** to close the section without saving. The **Confirm close without saving** message (Figure 4-18) displays.

6.1.9 Adding Medicaid Coverage

If the insurance provider is **Medicaid**, (Figure 6-25) displays. Required fields are noted on the form.

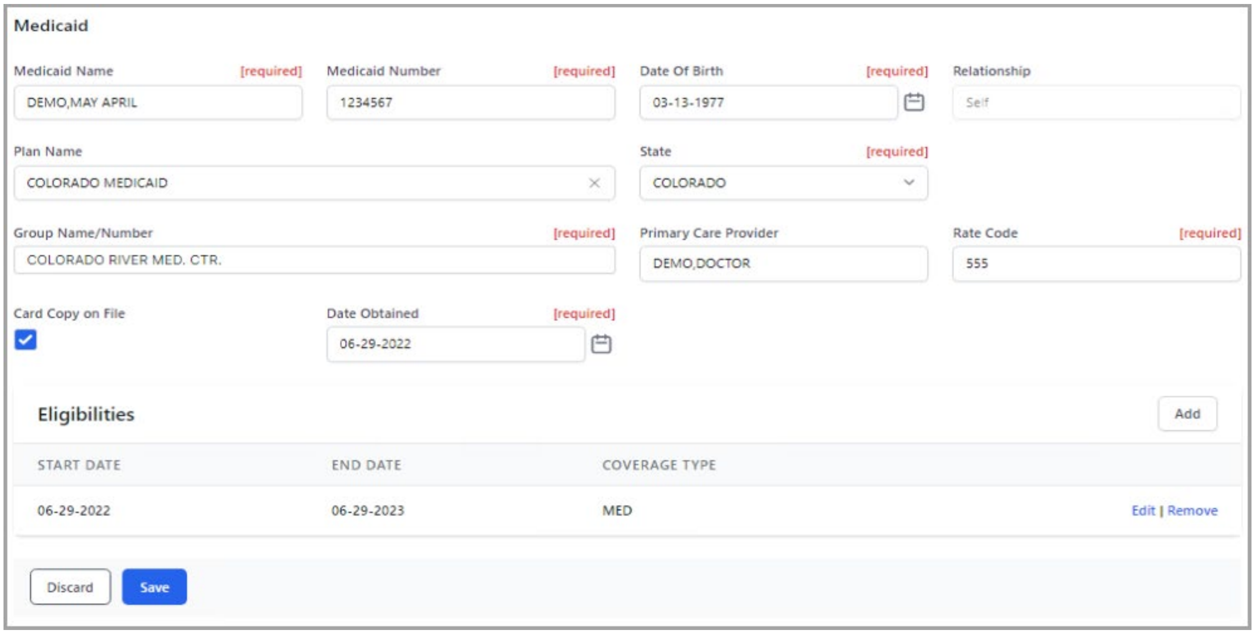


Figure 6-25: Medicaid Insurance page example

6.1.9.1 Medicaid Insurance Fields

The following fields are provided on the **Medicaid** window.

- **Medicaid Name**. Patient's name in LAST,FIRST [MIDDLE] format. Show the name of the patient as printed on the Medicaid card. This is the primary insured person. Verify that the patient's name appears pre-printed on the ID card. If the name on the card is incorrect, enter it as it appears on the card, and then instruct the patient to contact Medicaid directly to correct the name on the card.
- **Medicaid Number**. Patient's Medicaid Number. Use this field to show the Medicaid ID number without the suffix. Must be 6 to 30 characters long.
- **Date of Birth**. Birth date of Medicaid policy holder.
- **Relationship**. Patient's relationship to the insured.
- **Plan Name**. Click in the box and type one or more of the letters contained in the plan name to display a list of search results, and then select the Medicaid plan from the list shown.
- **State**. Type the two-letter state abbreviation and select from list.
- **Group Name/Number**. This is the local group name or number and can be found on the patient's Medicaid card.
- **Primary Care Provider**. Patient's Primary Care provider under Medicaid in LAST,FIRST name format.
- **Rate Code**. 1 to 6-character string.

- **Card Copy on File**. Check box to indicate if the patient's Medicaid card copy was obtained and placed into the chart.
- **Date Obtained**. Date field that is only available to edit if the **Card Copy On File** check box is selected. Enter the date the Medicare card was placed into patient's chart.

6.1.9.2 Eligibilities

Click **Add** on the right side of the window to add the patient's Medicaid eligibilities. The following fields are provided on the **Eligibilities** window (Figure 6-26).

Note: A patient must have at least one eligibility to file Medicaid insurance.

Figure 6-26: Eligibilities window

- **Start Date**. Shows the date the patient was eligible for insurance.
- **End Date**. Shows the date the patient's insurance coverage ended.
- **Coverage Type**. Type in the **Coverage Type**. It must be between 1- and 4-characters in length.

After the form has been finalized, click **OK** to save the information or **Cancel** to exit.

To make changes to an existing **Medicaid Eligibility**, click **Edit** on the right side of the desired eligibility. Make any changes and click **OK**.

To remove a **Medicaid Eligibility**, click **Remove** on the right side of the desired eligibility.

When all additions and/or changes have been made, click **Save** to save the new policy information or click **Discard** to close the section without saving. The **Confirm close without saving** message (Figure 4-18) displays.

6.1.9.3 Editing Medicaid Coverage

To edit information about a patient's **Medicaid** coverage, click **Edit** to the right of a **Medicaid insurer** type (Figure 6-27). The patient's **Medicaid** window opens.

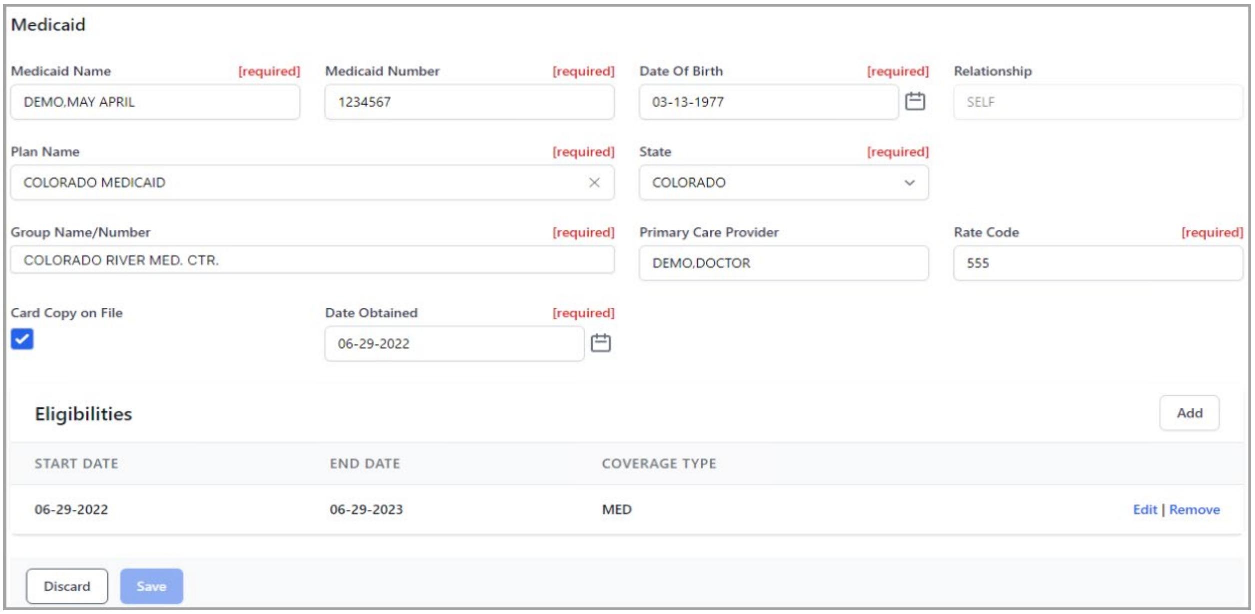


Figure 6-27: Edit Medicaid window for an individual patient

Once displayed, the various fields in the **Medicaid** window can be edited as needed.

Information can also be edited in the **Eligibilities** section of the window. Click **Edit** to make any changes to it.

When all additions and/or changes have been made, click **Save** to save the information or click **Discard** to close the section without saving. The **Confirm close without saving** message (Figure 4-18) displays.

6.1.10 Adding Third Party Liability Insurance

When the insurance provider is a third-party liability insurance provider, the page shown in Figure 6-28 displays. Required fields are noted on the form.

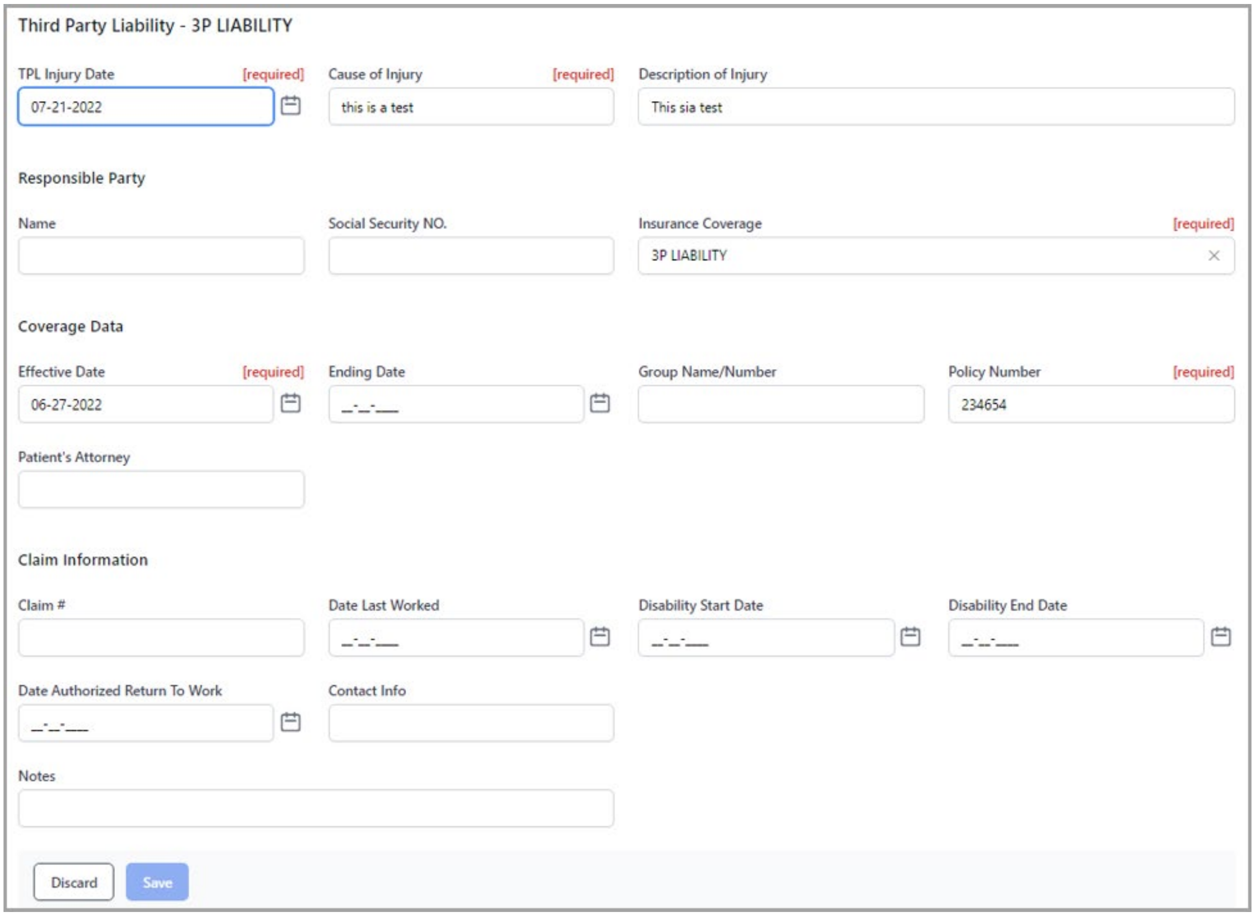


Figure 6-28: Third Party Liability window

- **TPR Injury Date**. Date field.
- **Cause of Injury**. Description of what caused the injury. A 3- to 30-character limit.
- **Description of Injury**. Description of the injury. A 3- to 45-character limit.

Responsible Party

- **Name**. Responsible party’s name in LAST,FIRST format.
- **Social Security Number**. Responsible party’s Social Security Number.
- **Insurance Coverage**. Enter the Third Party Liability insurer.

Coverage Data

- **Effective Date**. Date field.
- **Ending Date**. Date field.
- **Group Name/Number**. Employer Group Insurance name.
- **Policy Number**. Enter the policy number. 3- to 45- characters in length.

- **Patient’s Attorney**. Patient’s Attorney’s name in LAST,FIRST format.

Claim Information

- **Claim Number**. Free-text field. A 3- to 15-character string.
- **Date Last Worked**. Date the patient last worked.
- **Disability Start Date**. Date of patient's disability starts.
- **Disability End Date**. Date of patient's disability ends.
- **Authorized Return to Work**. Date the patient is authorized to return to work.
- **Contact Info**. Free-text field. 1 to 30 characters.
- **Notes**. Free-text field for any notes needed.

After users have entered the necessary information on the form, click **Save** to save the information in the patient’s record, or click **Cancel** to exit from the form without saving the information.

6.1.11 Adding Workmen’s Compensation Insurance

When the insurance is provided by **Workman’s Compensation**, the window shown in Figure 6-29 displays. Required fields are noted on the form.

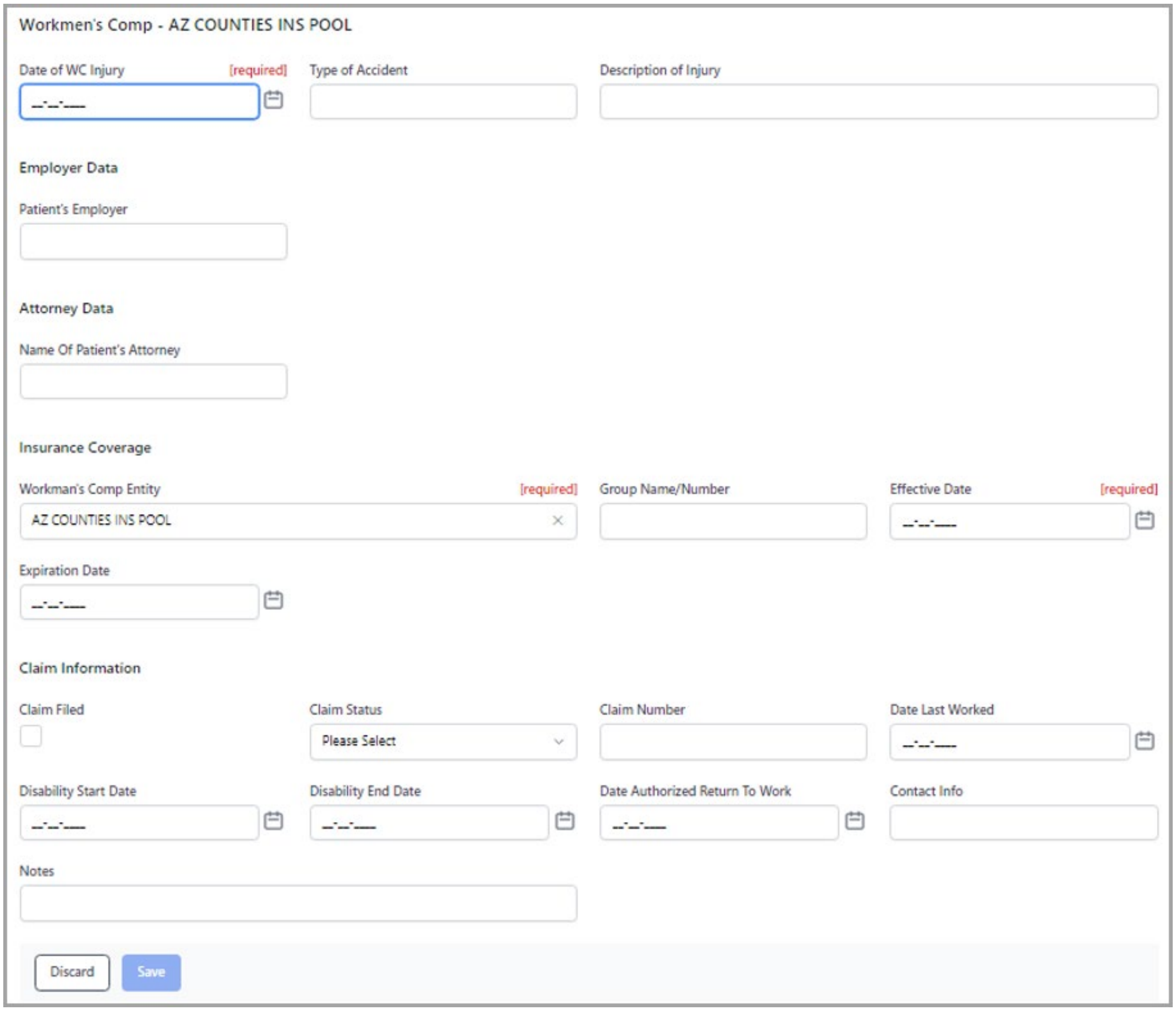


Figure 6-29: Workman's Compensation Insurance page example

The following fields are provided on the **Workmen's Compensation Insurance** window.

- **Date of WC Injury**. Date field.
- **Type of Accident**. Description the type of accident. A 3- to 45-character limit.
- **Description of Injury**. Description of the injury. A 3- to 45-character limit.

Employer Data

- **Patient's Employer Search box**. Enter the name of the employer where the patient was employed at the time the injury occurred.

Attorney Data

- **Name of Patient's Attorney**. Patient's attorney's name in LAST,FIRST format.

Insurance Coverage

- **Workman's Comp Entity**. Automatically populated with the Workman's Compensation entity.
- **Group Name/Number**. Employer Group Insurance name and number.
- **Effective Date**. Date field.
- **Expiration Date**. Date field.
- **Employer Name**. Enter the name of the employer where the patient was employed at the time the injury occurred.

Claim Information

- **Claim Filed**. Enable to indicate Yes.
- **Claim Status**. Choose from list.
- **Claim Number**. Enter the claim or policy number assigned to this work-related incident. This field accepts 3 to 15 characters, and in some cases may be the patient's SSN.
- **Date Last Worked**. Date field.
- **Disability Start Date**. Date field.
- **Disability End Date**. Date field.
- **Date Authorized Return to Work**. Date field.
- **Contact Info**. Basic contact information. 1- to 30-characters in length.
- **Notes**. Free-text field for any notes needed.

After users have entered the necessary information on the form, click **Save** to save the information in the patient's record, or click **Cancel** to exit from the form without saving the information.

6.1.12 Adding a Guarantor

There are two ways to add a **Guarantor**.

- Click the **Add Insurance** button and type the entire word **Guarantor** in the search field (Figure 6-30).

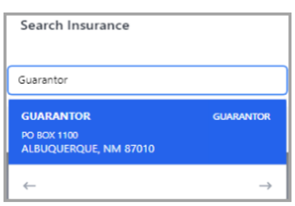


Figure 6-30: Search Insurance field

OR

- Select **Guarantor** from the list (Figure 6-31).

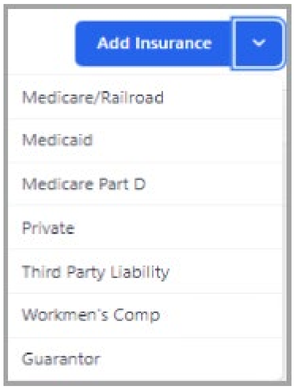


Figure 6-31: Add Insurance list showing Guarantor selection

The **Guarantor** window (Figure 6-32) displays.

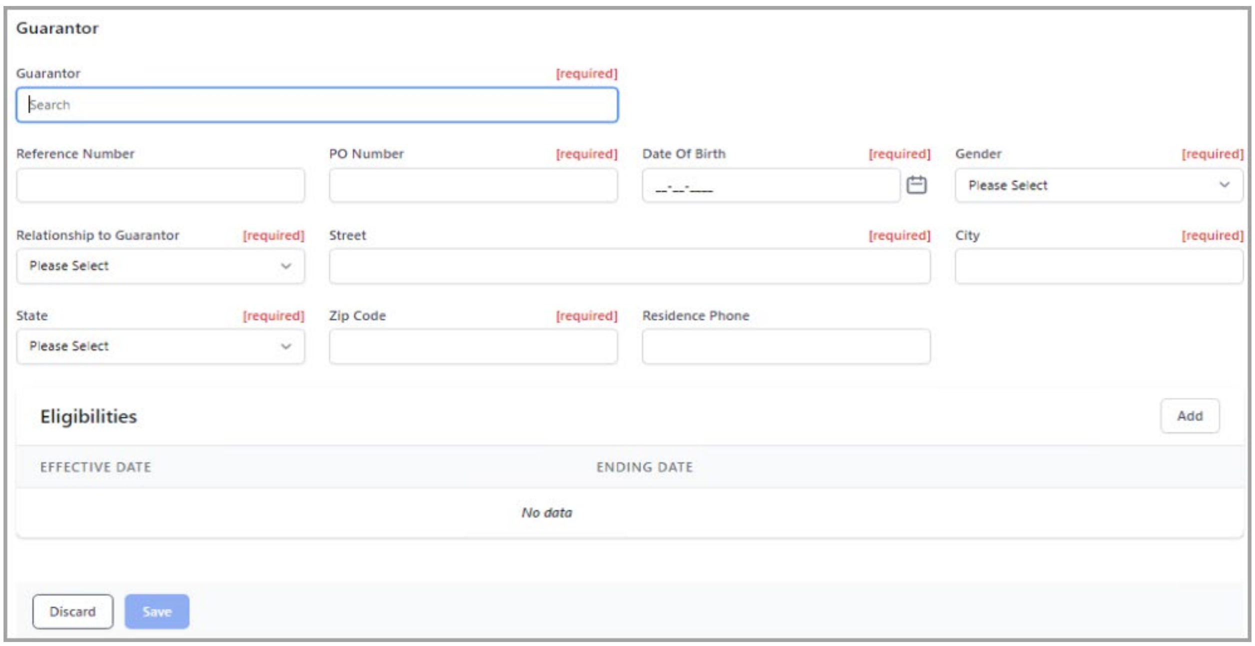


Figure 6-32: Guarantor window example

The following fields are provided on the **Guarantor** page.

- **Guarantor**. This is a required field. Search for an existing **Guarantor**. When searching, enter the name using a LAST,FIRST format.
- **Reference Number**. Type the guarantor reference number in this field. This is a 3- to 30-character string.
- **PO Number**. This is a required field. Purchase Order Number. This is a 3- to 30-character string.

- **Date of Birth**. This is a required field. Birth date of the Guarantor.
- **Gender**. This is a required field. Use this field (Figure 6-33) to identify the guarantor's gender. Select from the following:

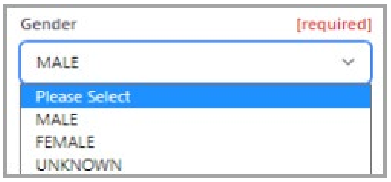


Figure 6-33: Guarantor Gender list

- **Relationship to Guarantor**. This is a required field. Choose from the list to specify the guarantor's relationship to the patient.
- **Street**. This is a required field. Guarantor's street address.
- **City**. This is a required field. Guarantor's city.
- **State**. This is a required field. Guarantor's State.
- **Zip Code**. This is a required field. Guarantor's zip code.
- **Residence Phone**. Guarantor's residence phone number.

Eligibilities

- **Effective Date**. Guarantor's eligibility effective date.
- **Ending Date**. Guarantor's eligibility end date.

After users have entered the necessary information on the **Add/Edit Guarantor Eligibility** form, click **OK** to save the eligibility. At least one **Eligibility** must be entered in order to save the **Guarantor entry**.

- To make changes to an existing eligibility, select the **eligibility** and click **Edit**.
- To remove an existing eligibility, click **Remove** before the **Guarantor policy** is saved.

Once the new information or edits have been completed for the **Guarantor information**, click **Save** to save the information in the patient's record. Click **Cancel** to exit from the form without saving the information.

6.2 Insurance Sequence

The **Insurance Sequence** tab defaults to the latest medical sequence if it exists. Users can create a sequence for Medical, Dental, Optometry, Pharmacy, Mental Health, Third Party Liability, and Workman's Comp. Figure 6-34 shows an example of the **Sequencing** tab display.

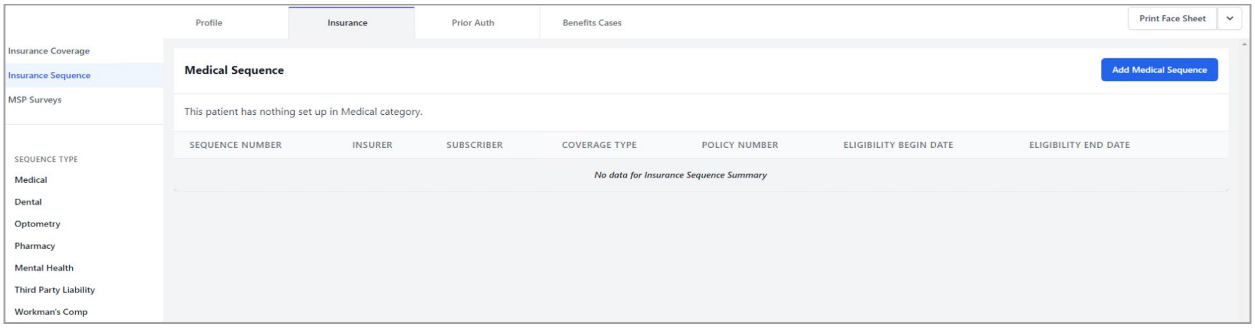


Figure 6-34: Sequencing tab example

6.2.1 Sequence Type

Use the Sequence Type list to view an existing sequence by type (Figure 6-35). On the left side of the window, select one of the following sequence types:

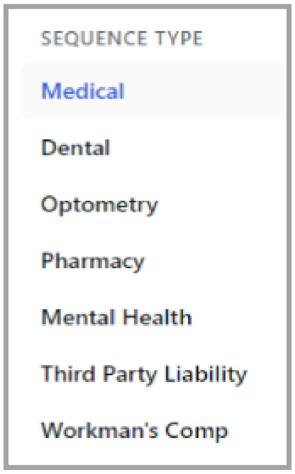


Figure 6-35: Sequence Type list

Once the **type** is selected, the sequence for that type displays.

6.2.2 Adding a Sequence

To add a sequence, first select the **Sequence Type** from the left side of the window. Click the appropriate **Add Sequence** button (depending on the sequence type being added) on the right side of the **Sequence** window to add a new sequence to the selected patient's record. The appropriate sequence window displays (Figure 6-36).

Figure 6-36: Add Sequence page example

The **Add Sequence** page contains the following fields:

- **Effective Date**. This is a required field.
- **Sequence Drop-Down List**. Select insurance from the list.
- **Sequence #**. Order that the sequences were added.
- **Insurer Name**. Name of the insured person.
- **Coverage Type**. Patient's Insurance Coverage Type.
- **Eligibility Begin**. Date field displaying the date when eligibility began.
- **Eligibility End**. Date field displaying the date when eligibility ended.

Use the **Sequence** list (Figure 6-37) to select an active insurer from the patient record to start sequencing insurers.

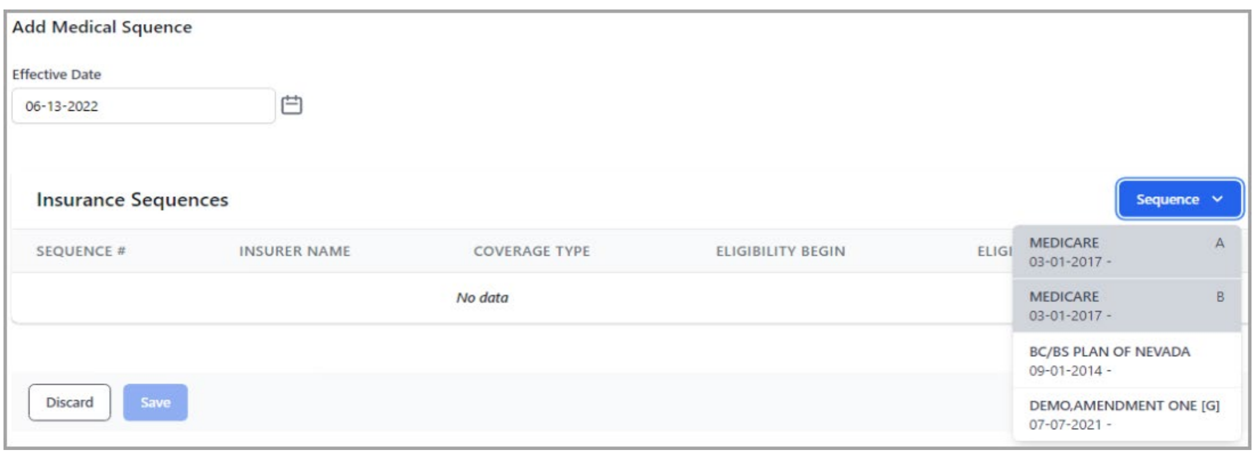


Figure 6-37: Sequence list example

Select the **insurer** to be sequenced first and continue to select **insurers** to complete the sequence. Click **Remove** to delete any insurers that were added incorrectly.

The **Add Medical Sequence** window (Figure 6-38) displays.

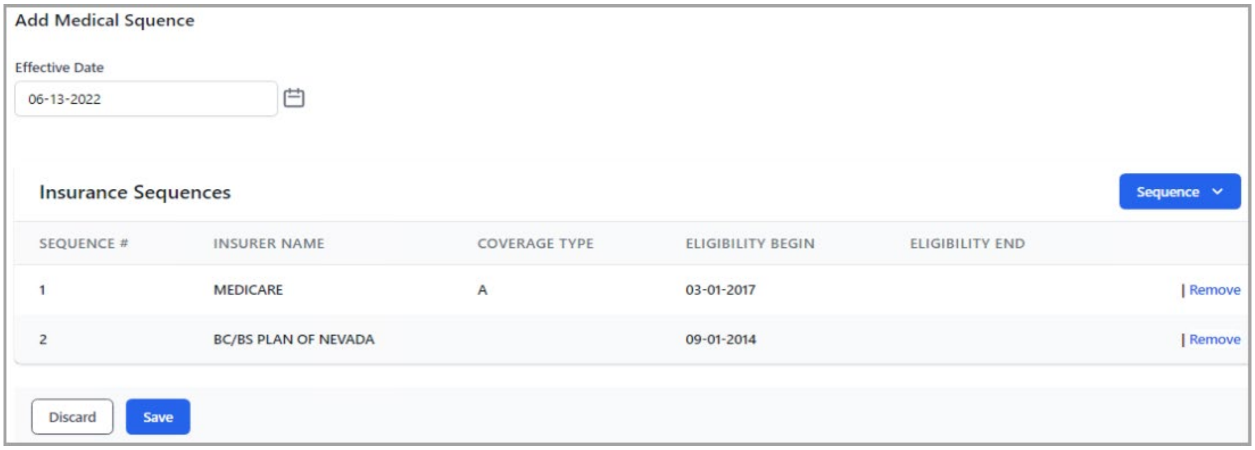


Figure 6-38: Add Sequence page example

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

6.2.3 Deleting a Sequence

To delete a sequence, select the **Sequence Type** on the left side of the window, then select the **date** (Figure 6-39) of the sequence to be deleted from the list.

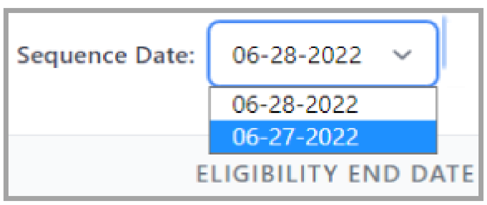


Figure 6-39: Sequence date list

The **Confirm Delete** warning message displays (Figure 6-40).

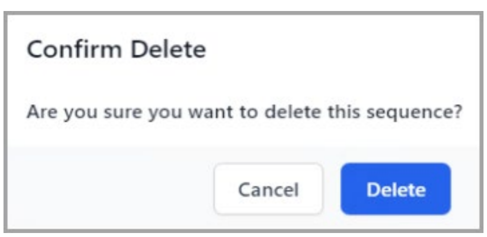


Figure 6-40: Confirm Delete warning message

Click **Delete** and the sequence is deleted for the date selected.

6.3 MSP Survey

The **Medicare Secondary Payer (MSP) Survey** (Figure 6-41) is a questionnaire used as a tool to determine if Medicare is the primary or secondary payer for each inpatient admission or outpatient encounter. The questionnaire applies to patients having **Railroad** or **Medicare**.

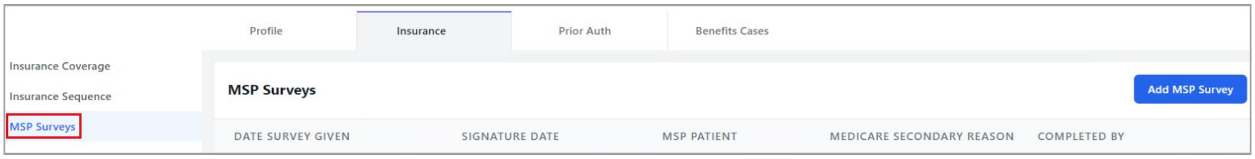


Figure 6-41: MSP Survey beginning window

Click **Add MSP Survey** (Figure 6-42) to begin adding information.

Figure 6-42: Add MSP Survey button

The **MSP Survey** is an automated version of the standard **Medicare MSP survey**. As a result, the questions asked in this survey will vary depending on answers to previous questions. Answer the questions asked and follow any prompts displayed to complete the long form MSP survey.

After users have entered ALL the necessary information on the form, click **Save** to save the survey information in the patient's record, or click **Discard** to exit from the survey form without saving the information. The MSP Survey cannot be saved until all information has been added.

Important:	The **MSP Survey** can be edited; however, users must update the final section once changes have been made in the survey to reflect the correct information prior to clicking **Save**. It is advisable that the user completes the form in its entirety before saving.

7.0 Prior Authorization

The **Prior Auth** tab displays prior authorizations and related data for the current patient and provides a way to add to or edit this information.

Select the **Prior Auth** tab (Figure 7-1) in the **Patient Registration** toolbar to open the **Prior Authorizations** window.

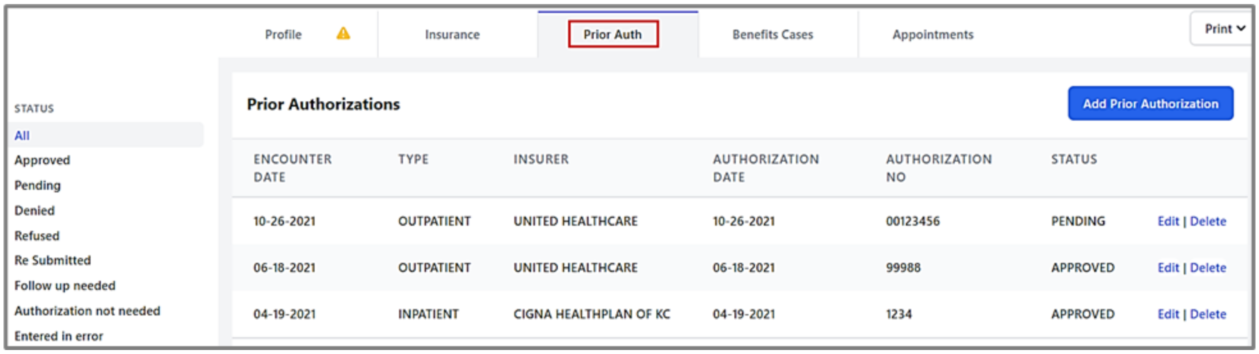


Figure 7-1: Prior Auth tab

The **Prior Authorizations** window displays a list of prior authorization entries from newest to oldest by **Encounter Date**. For each entry, the user will see **Date**, **Type**, **Insurer**, **Authorization Date**, **Authorization no**, and **Status**.

7.1 Adding a Prior Authorization

To add a prior authorization, click the **Add Prior Authorization** button (Figure 7-2) in the upper-right of the **Prior Auth** window to add a new prior authorization.

Figure 7-2: Add Prior Authorization button

A blank **Prior Authorization** window (Figure 7-3) displays.

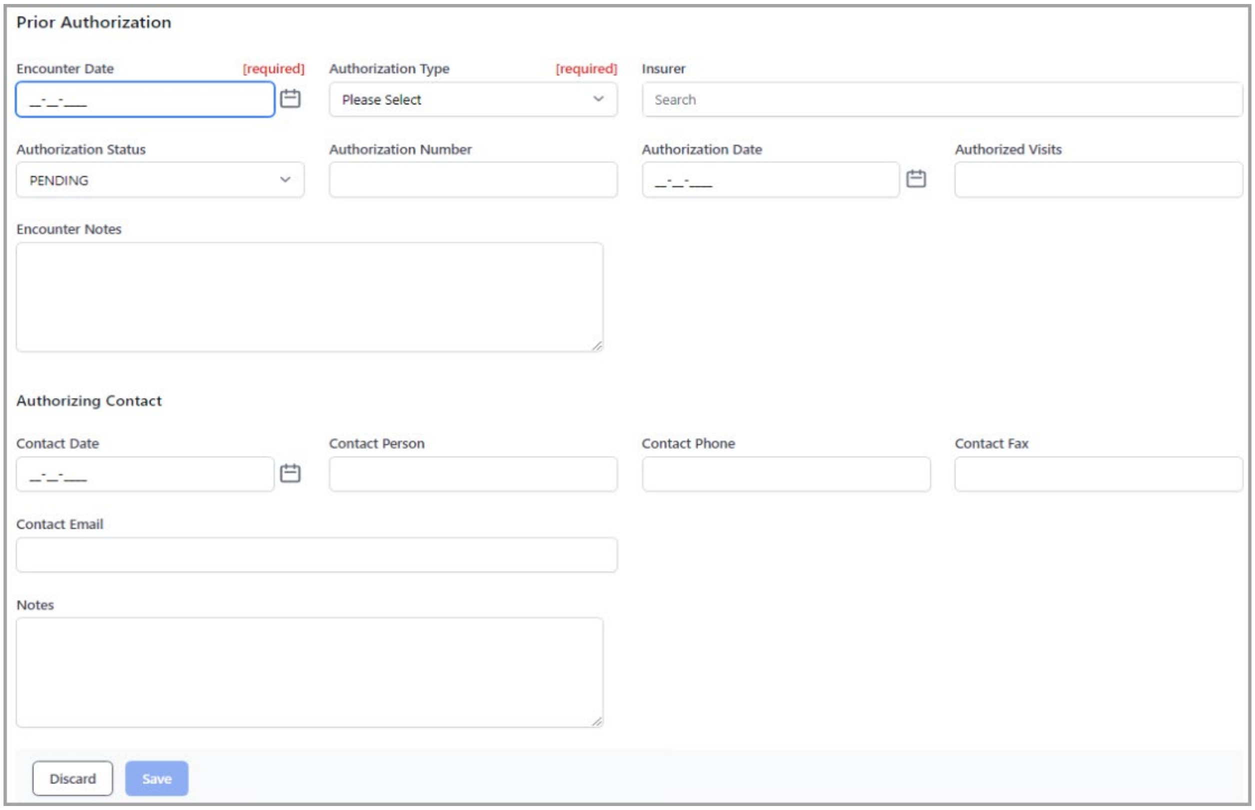


Figure 7-3: Blank Prior Authorization window

The **Prior Authorization** window contains the following fields:

- **Encounter Date**. This is a required field. Enter the date of the encounter.
- **Authorization Type**. This is a required field (Figure 7-4). Select from the following:

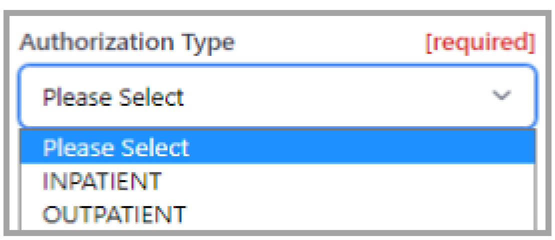


Figure 7-4: Authorization Type drop-down list

- **Insurer field**. Specify the patient’s insurer.
- **Authorization Status**. Select the status of the patient’s authorization from the list (Figure 7-5). Defaults to Pending if it is a new authorization.

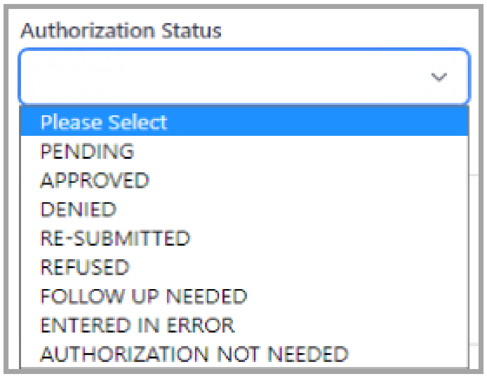


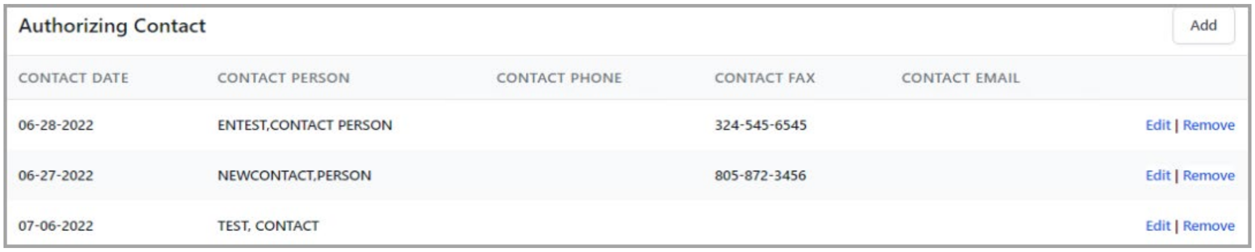
Figure 7-5: Authorization Status list

- **Authorization Number**. Specify the authorization number (3 to 30 characters in length) for this patient's admission or visit.
- **Authorization Date**. Enter the date of the authorization.
- **Authorized Visits**. Displays if Authorization type is Outpatient. Enter the number of authorized visits.
- **Authorized Days**. Displays if the Authorization type is Inpatient. Enter the number of authorized days.
- **Service Category**. Displays if Authorization type is Outpatient. Enter Service Category of the Outpatient Service.
- **Max Dollar Amount**. Displays if Authorization type is Inpatient. Enter the max dollar amount allowed.
- **Actual Admission Date**. Displays if Authorization type is Inpatient. Enter actual admission date
- **Encounter Notes**. Use this free-text field to enter a 3- to 45-character explanation regarding this specific authorization.
- **Contact Date**. Use this field to enter the date the authorization was made. Manually enter the date using any of the accepted date formats or click the **calendar icon** to select the date from a calendar view.
- **Contact Person**. Add the name of the contact person for this authorization. Enter the name using the LAST,FIRST name format.
- **Contact Phone**. Enter the contact person's phone number. Be sure to include the area code. This is an alphanumeric free-text field and must be between 4 and 30 characters in length if specified.
- **Contact Fax**. Fax number for the patient's contact person. This is a free-text field. Must be 4 to 30 characters in length.
- **Contact Email**. Enter the contact email. This is an alphanumeric, free-text field and must be between 4 and 50 characters in length if specified.

- **Notes**. This is a word processing field. Enter any notes that may be useful for this particular prior authorization.

7.1.1 Adding an Additional Authorizing Contact

Click **Add** in the upper-right corner of the **Authorizing Contact** window (Figure 7-6) to add an authorizing contact to the patient record.


Authorizing Contact Add

CONTACT DATE	CONTACT PERSON	CONTACT PHONE	CONTACT FAX	CONTACT EMAIL	
06-28-2022	ENTEST,CONTACT PERSON		324-545-6545		Edit | Remove
06-27-2022	NEWCONTACT,PERSON		805-872-3456		Edit | Remove
07-06-2022	TEST, CONTACT				Edit | Remove

Figure 7-6: Add Authorizing Contact window

The **Authorizing Contact** window (Figure 7-7) displays.

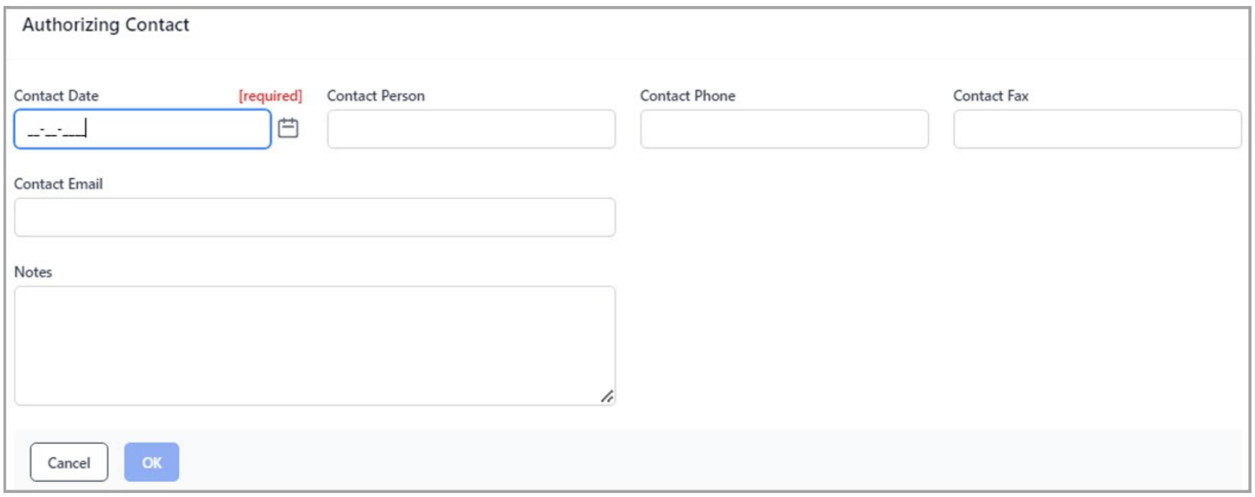


Figure 7-7: Authorizing Contact window

- **Contact Date**. This is a required field. Enter the date the authorization was made. Manually enter the date using any of the accepted date formats or click the **calendar icon** to select the date from a calendar view.
- **Contact Person**. Name of the patient's contact person for the authorization. Enter the name using the LAST,FIRST name format.
- **Contact Phone**. Enter the contact person's phone number. Be sure to include the area code. This is an alphanumeric free-text field and must be between 4 and 30 characters in length if specified.
- **Contact Fax**. Fax number for the patient's contact person. This is a 10-digit numeric field.

- **Contact Email**. Email for the patient’s contact person. This is an alphanumeric free-text field and must be between 4 and 50 characters in length if specified.
- **Notes**. User can add notes regarding the patient’s contact person. This is a word processing field.

When all additions and/or changes have been made, click **OK** to preserve the information or click **Cancel** to close the workspace without saving.

7.1.2 Adding Additional Days/Visits

Click **Add** on the **Additional Days/Visits** window (Figure 7-8) to authorize additional inpatient care days or outpatient visits for the patient.

> **Note:** The label for this window changes depending on whether the authorization type is **Inpatient** (then the **Additional Days** window displays) or **Outpatient** (then the **Additional Visits** window displays).

Figure 7-8: Additional Days/Visits window

The **Additional Day/Visit** window (Figure 7-9) displays.

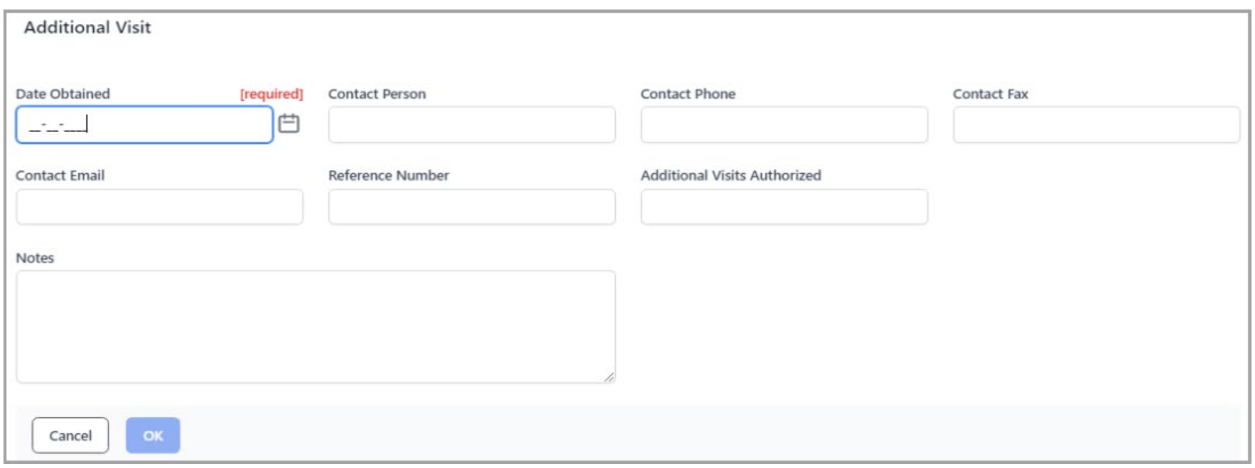


Figure 7-9: Additional Day/Visit window

- **Date Obtained**. Enter the date the additional authorization was obtained. Manually enter the date using any of the accepted date formats or click the **calendar icon** to select the date from a calendar view.
- **Contact Person**. Name of the patient’s contact person for this authorization. Enter the name using the LAST,FIRST name format.

- **Contact Phone**. Enter the contact person's phone number. Be sure to include the area code. This is an alphanumeric free-text field and must be between 4 and 30 characters in length if specified.
- **Contact Fax**. Fax number for the patient's contact person. This is a 10-digit numeric field.
- **Contact Email**. Email for the patient's contact person. This is an alphanumeric free-text field and must be between 4 and 50 characters in length if specified.
- **Reference Number**. Enter the reference number for the additional authorization.
- **Additional Days/Visits Authorized**. Enter the number of additional days or visits authorized for the patient. As noted above for the window title, the label for this field varies depending on the type of authorization (Inpatient authorizations or Outpatient authorizations).
- **Notes**. User can add notes regarding the patient's contact person. This is a word processing field.

When all additions and/or changes have been made, click **OK** to preserve the information or click **Cancel** to close the workspace without saving.

7.1.3 Edit Prior Authorization Details

Click **Edit** on the right side of an individual prior authorization listing to see a detailed view of that authorization. The Prior Authorization edit window (Figure 7-10) displays the authorization details.

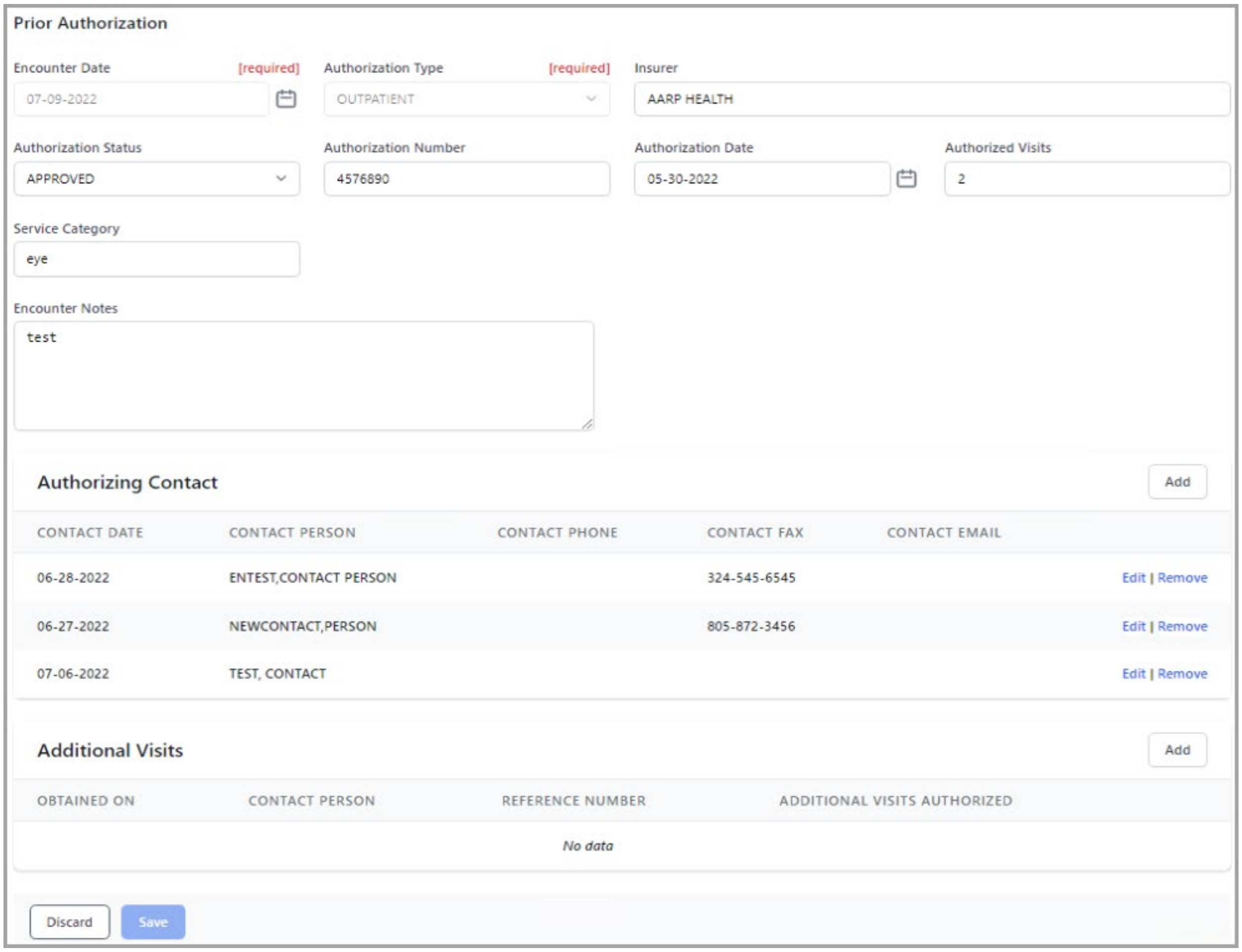


Figure 7-10: Prior Authorization edit window

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

7.2 Filtering Prior Authorizations

By default, the **Prior Authorizations** window shows all the prior authorizations for the patient. Users can filter this view in various ways to make finding a specific authorization easier.

Use the **Status** left-navigation pane (Figure 7-11) to filter by status. Select one of the following **status types**:

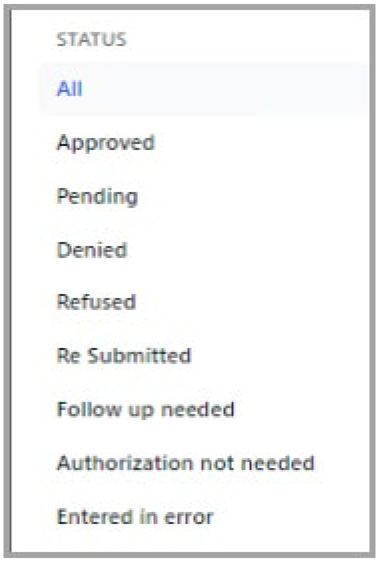


Figure 7-11: Status left-navigation pane

8.0 Benefits Cases

The **Benefits Cases** tab displays benefits case data for the current patient and provides a way to add to or edit this information. When the **Benefits Case** tab is initially selected, the **Benefits Cases** window (Figure 8-1) displays.

Figure 8-1: Benefits Cases window

The right half of the **Benefit Case** display (Figure 8-2) shows **Application Types**. Each **Application Type** may contain multiple dates obtained, received by, and applications statuses.

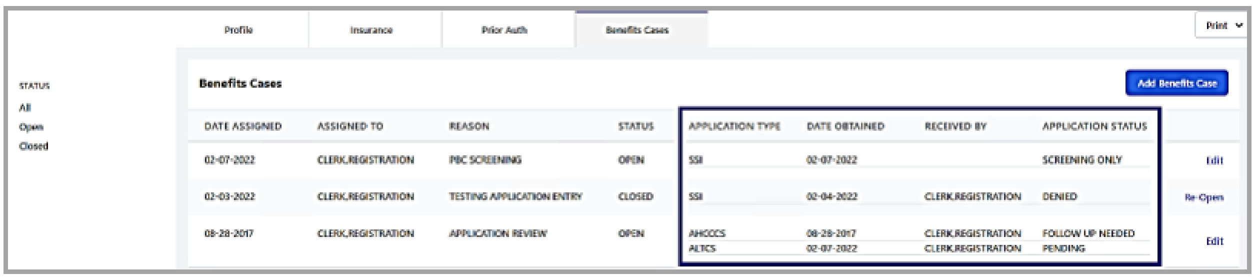


Figure 8-2: Application Type and Status Section window

Use the **Status** list on the left to display the patient's benefits cases by status. Users can select to show the following:

- All
- Open
- Closed

8.1 Adding a Benefits Case

To add a new benefits case, click the **Add Benefits Case** button. The **Benefits Case – OPEN** workspace (Figure 8-3) displays. The user can add **Case Information** in addition to **Application** information.

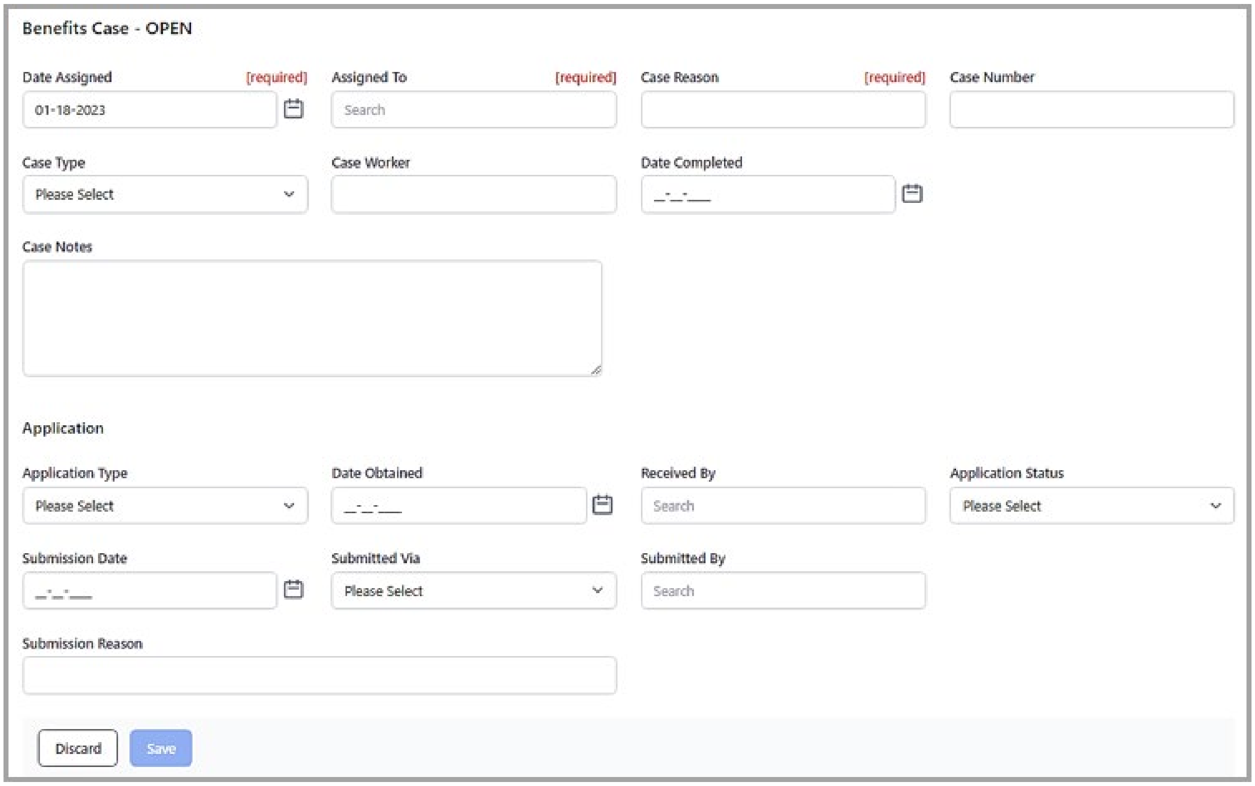


Figure 8-3: Benefits Case – OPEN summary window example

The **Benefits Case – OPEN** page includes the following fields:

- **Date Assigned**. This is a required field. Date the benefits case was assigned to the patient.
- **Assigned To**. This is a required field. Use this field to search for the user to whom the case is assigned.
- **Case Reason**. This is a required field. Use this free-text field to enter a 3 to 45-character explanation for this particular benefits case.
- **Case Number**. Use this field to specify a unique identifying number for the case.
- **Case Type**. Use this field to select the type of case. Select from the **Case Type** list (Figure 8-4) to specify the case type.

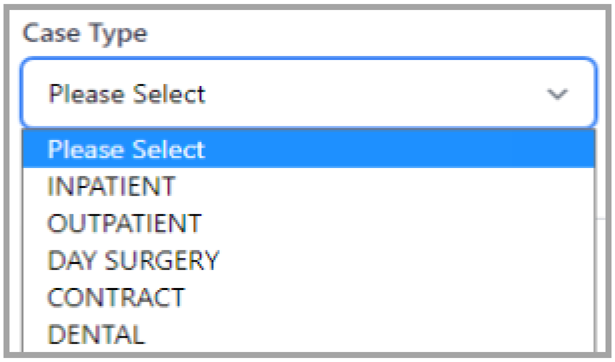


Figure 8-4: Case Type list

- **Case Worker**. Use this field to specify the name of the case worker for this benefits case. Use the LAST,FIRST name format when entering the case worker name.
- **Date Completed**. Enter the date the Benefits Case was completed.
- **Case Notes**. Word processing field that enables the user to add notes regarding the case.

Application

Under **Application** the following fields are included:

- **Application Type**. Select from the **Application Type** list (Figure 8-5) to specify the application type.

Note: The **Application Type** list is specific to the site.

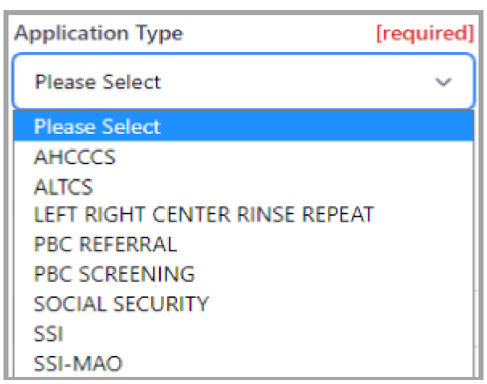


Figure 8-5: Application type list

- **Date Obtained**. Use this field to specify when the benefits case was obtained. Manually enter the date using any of the accepted date formats or click the **calendar icon** to select the date from a calendar view.
- **Received By**. Use this field to search for the user who received the case.

- **Application Status**. Defaults to Pending but can be edited. Select from the **Application Status** list (Figure 8-6) to specify the submission type.

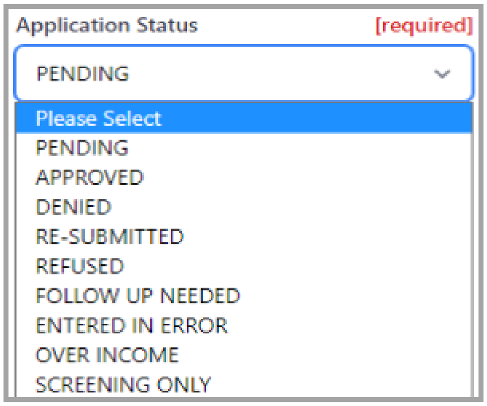


Figure 8-6: Application Status list

- **Submission Date**. Use this field to specify when the benefits case was submitted. Manually enter the date using any of the accepted date formats or click the **calendar icon** to select the date from a calendar view.
- **Submitted Via**. Choose the method that the case was submitted. Select from the **Case Submitted Via** list (Figure 8-7) to specify the submission type.

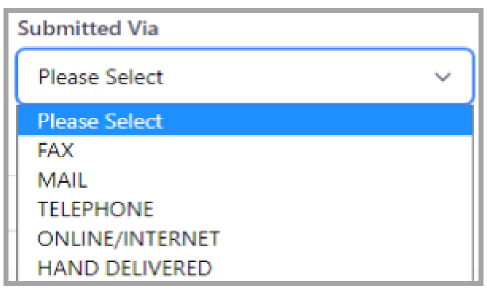


Figure 8-7: Submitted Via list

- **Submitted By**. Use this field to search for the user who submitted the case.
- **Submission Reason**. Type the reason for the Benefits Case submission.

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

8.2 Adding an Application

Users may add additional applications to an existing **Benefits Case**.

To add an **Application**, click **Add** on the top-right of the **Applications** pane (Figure 8-8) on the **Benefits Case – OPEN** window.

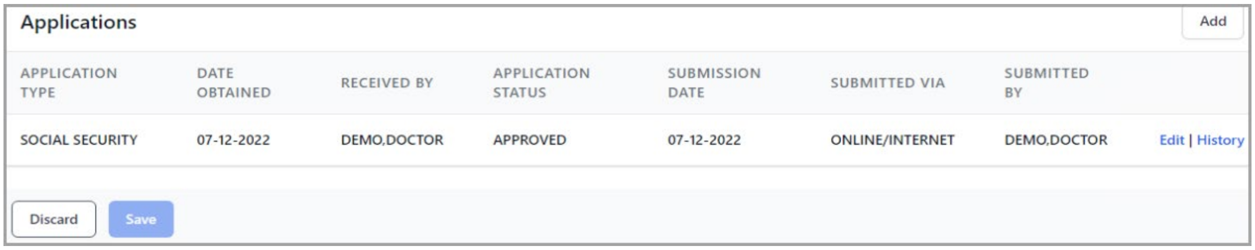


Figure 8-8: Add button on Applications window

The **Application** window (Figure 8-9) displays.

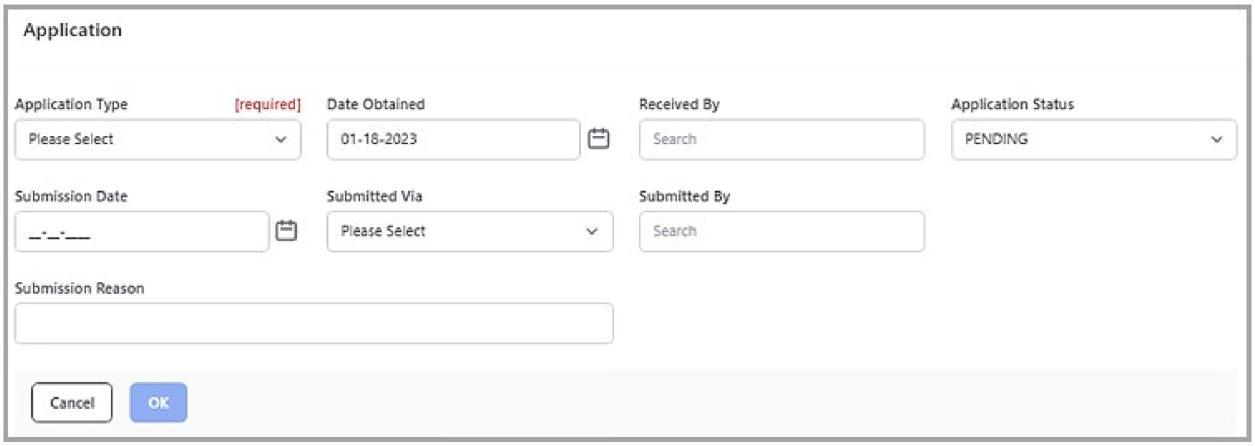


Figure 8-9: Application window

Users can add information in the following fields about any benefits applications related to that particular benefits case.

- **Application Type**. This is a required field. Select from the **Application Type** list (Figure 8-10) to specify the application type.

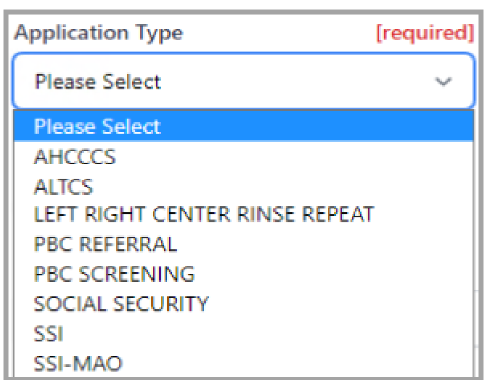


Figure 8-10: Application Type list

> **Note:** Application types available on this list are controlled by the options in Section 9.6.

- **Date Obtained.** This is a required field once an application type is selected. Use this field to specify when the benefits application was obtained. Manually enter the date using any of the accepted date formats or click the **calendar icon** to select the date from a calendar view.
- **Received By.** Use this field to specify the user who received the benefits application.
- **Application Status**. This is a required field once an application type is selected. Select from the **Application Status** list (Figure 8-11) to specify the application status. When a new application is added, it defaults to **Pending** status.

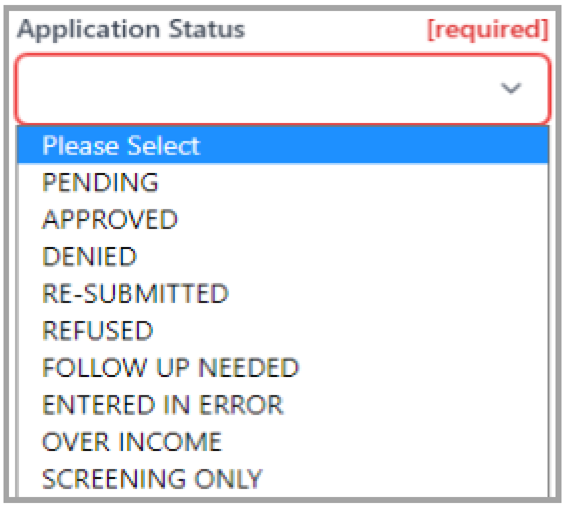


Figure 8-11: Application Status list

- **Submission Date**. Use this field to specify when the benefits application was submitted. Manually enter the date using any of the accepted date formats or click the **calendar icon** to select the date from a calendar view.
- **Submitted Via**. Choose the method that the application was submitted. Select from the **Submitted Via** list (Figure 8-12) to specify the submission type.

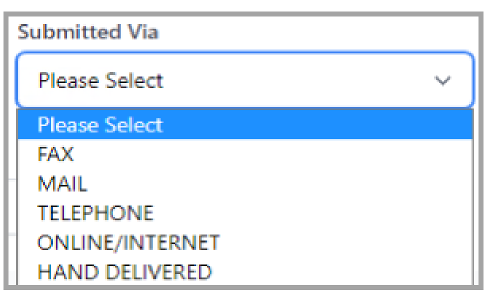


Figure 8-12: Application Submitted Via list

- **Submitted By**. Use this field to search for the user who submitted the application.
- **Submission Reason**. Type the reason for the application submission.

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

8.3 Editing a Case and Application

Once a benefits case has been added to a patient's record, users can view and edit the case details, as well as the benefits applications for that case. The different types of applications related to the case are listed under the **Applications** pane (Figure 8-13).

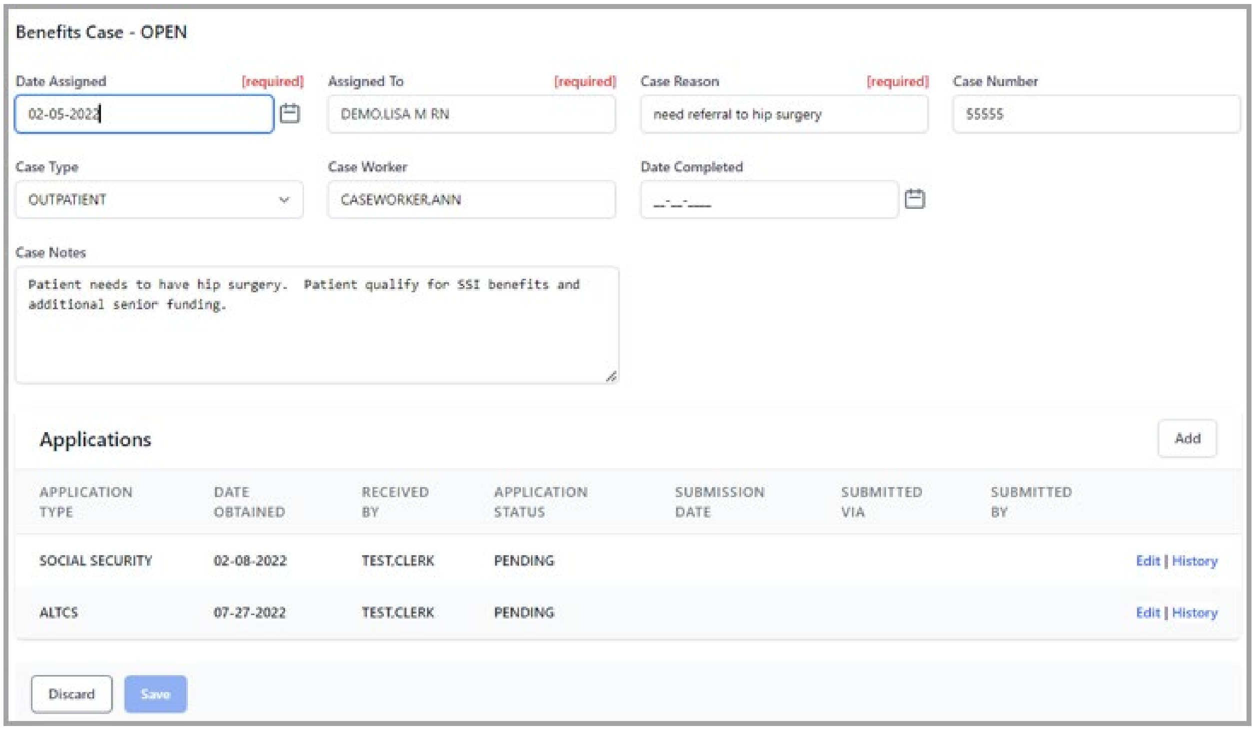


Figure 8-13: Applications pane

To edit a case application, click **Edit** next to that application. The **Application** window (Figure 8-14) opens.

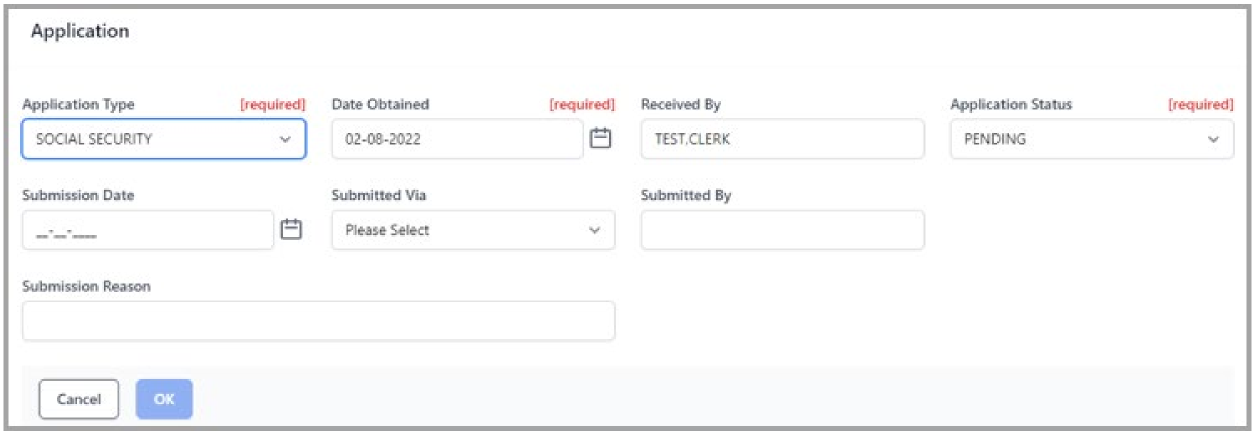


Figure 8-14: Application window

When all additions and/or changes have been made, click **OK** and then **SAVE** on the **Benefits Case – Open** window to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

8.3.1 Submit an Application

To submit an application, define the following fields in the Application window:

- Submission Date
- Submitted Via
- Submitted By
- Submission Reason

> **Note:** To enter a new application submission or re-submit one, simply enter a new date in the **Submission Date** field and update all the submission related fields mentioned above.

When complete, click **OK** and then **Save** on the **Benefits Case – Open** window to save the submission information.

8.4 History of an Application

Once an application has been submitted, a **Submission History Record** is generated. To view the submission history, click the **History** option next to an application that has been submitted. The **Application Submission History** window (Figure 8-15) displays. Click **Cancel** to close the window.

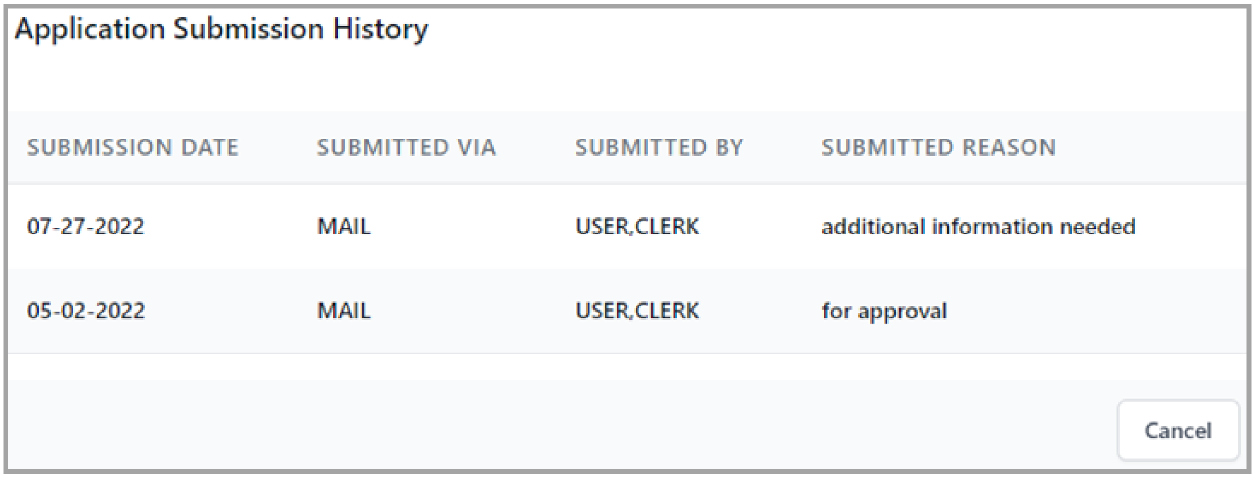


Figure 8-15: Application Submission History window

8.5 Closing a Benefits Case

When closing a **Benefits Case**, the applications related to that case must be in one of the following statuses:

- Approved
- Denied
- Refused
- Entered in Error
- Over Income

To close a **Benefits Case**, click **Edit** on an open case and enter the date the case was completed in the **Date Completed** field. The **Completed By** field displays once a completion date is entered. Both fields are required to save the information.

Click **Save** on the **Benefits Case – Open** window (Figure 8-16).

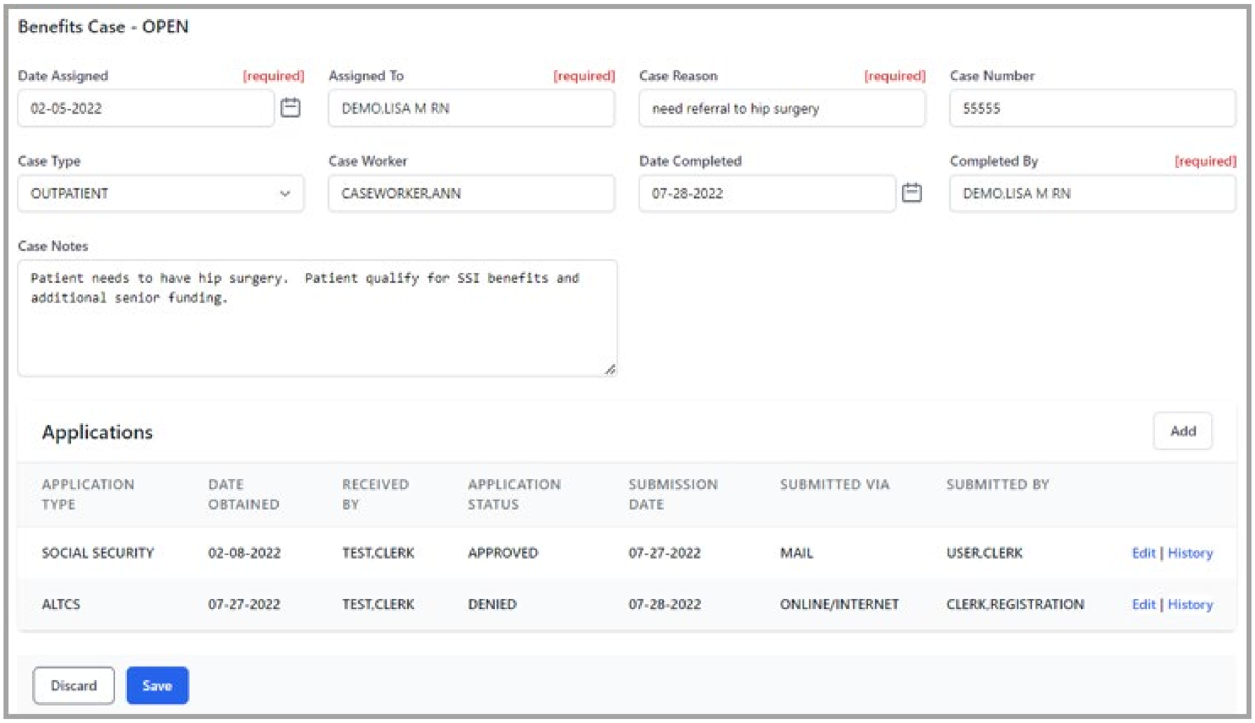


Figure 8-16: Benefits Case – Open window

The **Benefits Case Summary** window (Figure 8-17) displays the closed benefits case:

Figure 8-17: Benefits Case Summary window

If the user tries to close a benefits case with any open applications, a submission failed error message (Figure 8-18) displays.

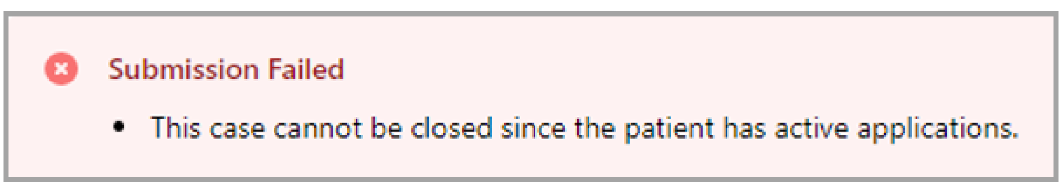


Figure 8-18: Benefits Case Submission Failed error message

8.6 Re-Open a Benefits Case

A closed **Benefits Case** can be re-opened if the user holds the **AGZCREOPN** security key. A **Re-open** option (Figure 8-19) displays if the user has that key.

Figure 8-19: Benefits Cases Re-Open button

Once the user clicks **Re-Open**, a confirmation message (Figure 8-20) displays.

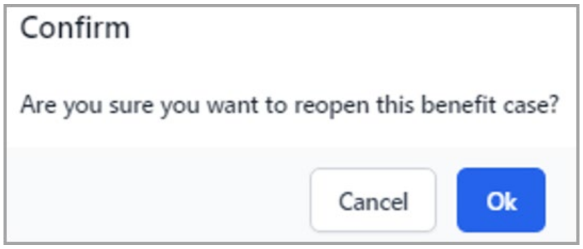


Figure 8-20: Re-Open Confirmation message

The **Benefits Case** displays with status of **OPEN** (Figure 8-21) and can be edited if necessary.

Figure 8-21: Benefits Case displays with status of OPEN

9.0 Patient Registration Configuration

Unlike the other modules in PMAS, the **Settings** module does not directly control or modify patient records. Instead, the **Registration Settings** module enables users to change or add such things as **Category II Flags**, **Eligibility Modifiers**, **Employers**, **Group Insurance Plan**, **Insurers**, and **Patient Application Types** that are used within the various Registration screens.

Changes made within the **Settings** module are typically completed by a **Supervisor** or **Site Manager**. In most cases, once these settings have been established, they will rarely need to be changed.

Note: Only users with the **AGZMGR key** can see all available options within the settings, with the exception of the Category II (Local Flags), which requires the DGPF MANAGER.

Users must log off and log back in to PMAS for any patient registration configuration changes they have made to take effect.

To open the **Settings** module, click **Settings** at the bottom of the left-navigation window, as shown in Figure 9-1.

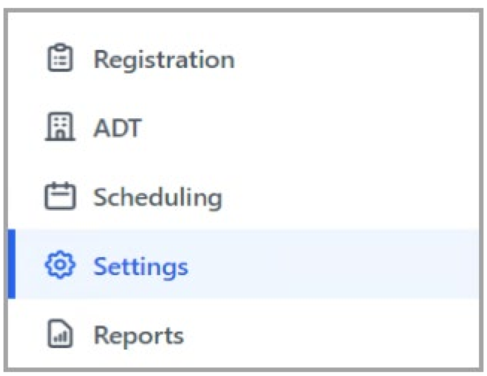


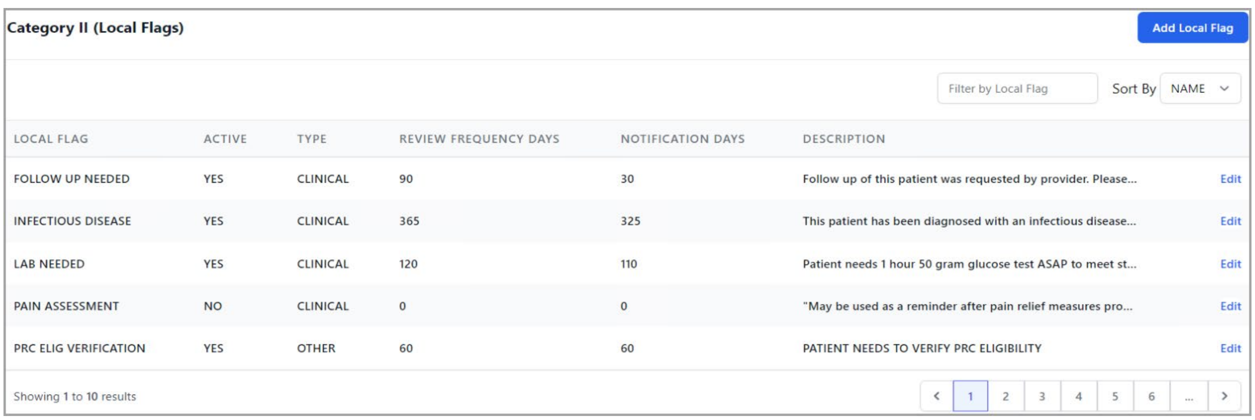
Figure 9-1: Left-Navigation pane with Settings highlighted

The **Registration options** window (Figure 9-2) located above the **Settings** module displays a list of available options. The information displayed on the right side of the window varies, depending on the option selected.

Figure 9-2: Registration Settings options window

9.1 Category II (Local Flag)

Use the **Category II (Local Flag)** option to add new or edit existing **Category II (Local Flag)**. Click the **Category II (Local Flag)** option to display the **Category II (Local Flag)** listing page as shown in Figure 9-3.



Category II (Local Flags) Add Local Flag

Filter by Local Flag Sort By NAME

LOCAL FLAG	ACTIVE	TYPE	REVIEW FREQUENCY DAYS	NOTIFICATION DAYS	DESCRIPTION	
FOLLOW UP NEEDED	YES	CLINICAL	90	30	Follow up of this patient was requested by provider. Please...	Edit
INFECTIOUS DISEASE	YES	CLINICAL	365	325	This patient has been diagnosed with an infectious disease...	Edit
LAB NEEDED	YES	CLINICAL	120	110	Patient needs 1 hour 50 gram glucose test ASAP to meet st...	Edit
PAIN ASSESSMENT	NO	CLINICAL	0	0	"May be used as a reminder after pain relief measures pro...	Edit
PRC ELIG VERIFICATION	YES	OTHER	60	60	PATIENT NEEDS TO VERIFY PRC ELIGIBILITY	Edit

Showing 1 to 10 results < 1 2 3 4 5 6 ... >

Figure 9-3: Category II (Local Flags) window

9.1.1 Sorting the Category II (Local Flag) Listing

Use the **Sort By** list box to sort the listing by **Name** or **Type**.

9.1.2 Adding Category II (Local Flag)

Follow these steps to add a new Category II (Local Flag).

1. Click **Add Local Flag** on the **Category II (Local Flag)** listing page. The blank **Category II (Local Flag)** form shown in Figure 9-4 displays.

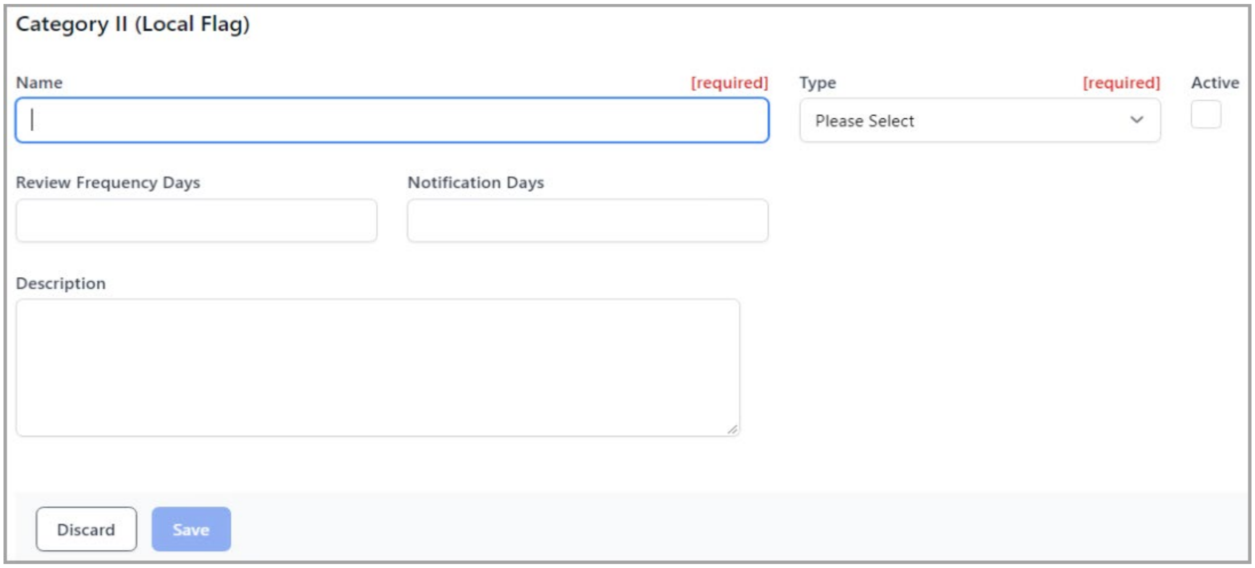


Figure 9-4: Blank Category II (Local Flag) form

2. Type the **name** for the new **Category II (Local Flag)** in the **Name** field (required).

3. Select a local **flag type** from the **Type** list box (required). These choices are available:

    - Behavioral
    - Clinical
    - Other
    - Research

4. Enter the **number of days** that may elapse between reviews of the local flag assignment in the **Review Frequency Days** field. A value of **zero (0)** indicates that no automatic review will occur.

5. Enter the number of days prior to this flag assignment's review date that a notification is sent to the review group in the **Notification Days** field. A value of **zero (0)** indicates that no automatic review will occur.

6. Enter a **brief description** of this patient record flag in the **Description** field.

7. Select the **Active** option if applicable. Clearing this box indicates an **Inactive local** flag.

8. When done, click **Save** to save the new local flag, or click **Cancel** to close the form without saving the new local flag.

9.1.3 Editing Category II (Local Flag)

Follow these steps to edit the **Category II (Local Flag)**.

1. Select the local flag to be edited in the **Category II** (**Local Flag**) listing window to filter the list, then click **Edit** on the right side of the flag listing. The **Category II (Local Flag)** window (Figure 9-5) displays.

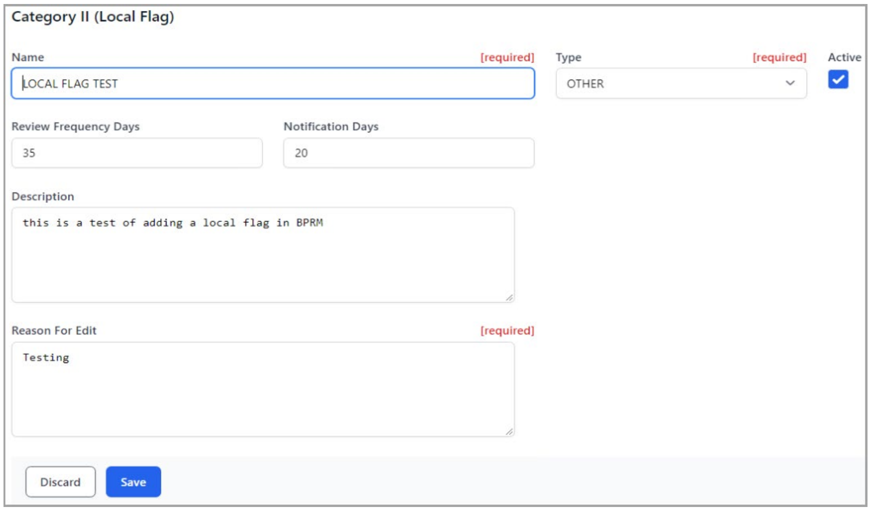


Figure 9-5: Category II (Local Flag) window

2. After making any changes necessary, complete the **Reason for Edit** field.

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

9.2 Eligibility Modifiers Settings

Use the **Eligibility Modifiers** option to add eligibility modifiers or edit certain existing ones. Once established, eligibility modifiers are available as options in the following areas depending on the type:

- **Legal Name**. Proof Provided field.
- **SOGI – Legal Sex**. Legal Document field.
- **Tribe and Eligibility Status**. Eligibility Reason field.
- **Advance Directive**. Type Status.

Click the **Eligibility Modifiers** option to display the **Eligibility Modifiers** listing window as shown in Figure 9-6.

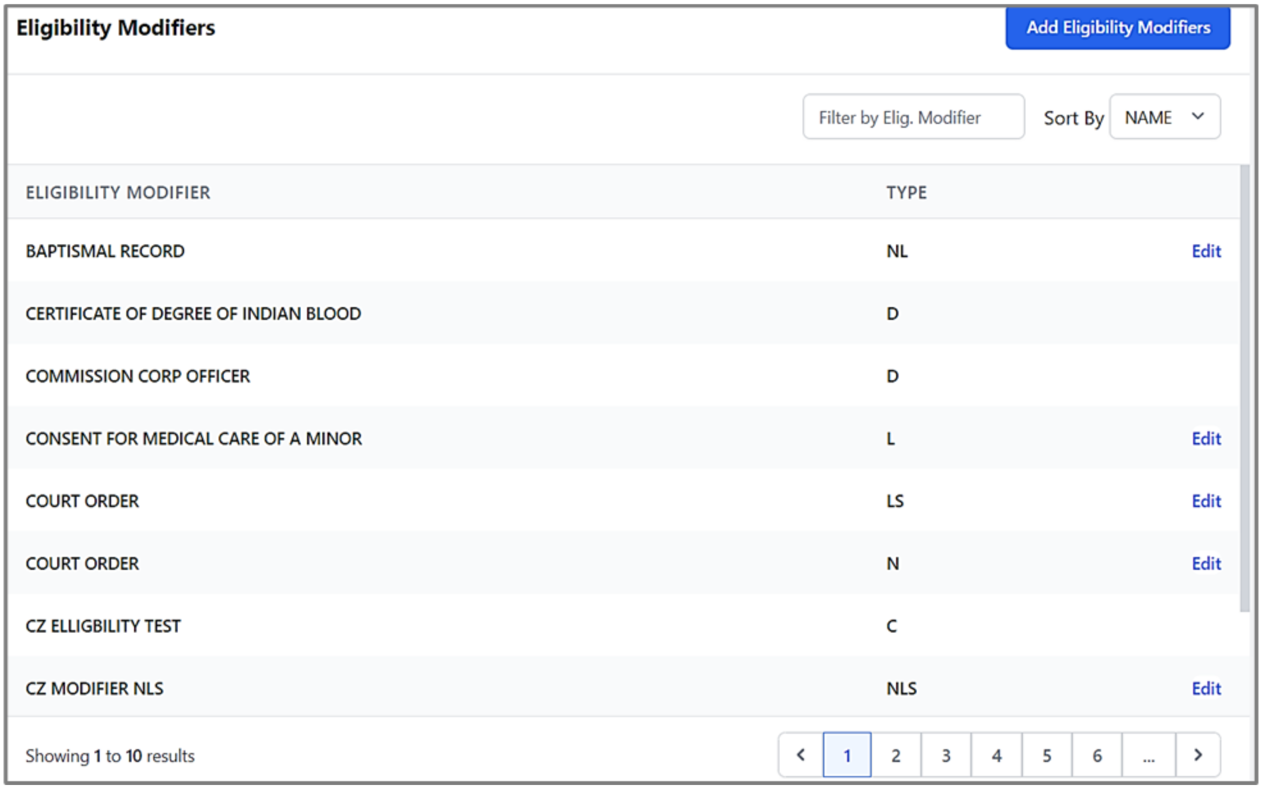


Figure 9-6: Eligibility Modifiers listing page

9.2.1 Filtering and Sorting the Eligibility Modifiers Listing

There are several ways to filter or sort the listing of eligibility modifiers.

- Use the **Sort By** list box to sort the listing by either **Type** or **Name**.
- Type the first few letters of an eligibility modifier in the **Filter by Elig. Modifier** box in the upper right corner of the **Eligibility Modifiers** listing page to filter the list, and then use the **left** and **right** arrows in the lower-left corner of the page to find a specific modifier.

9.2.2 Adding Eligibility Modifiers

Follow these steps to add a new eligibility modifier.

1. Click **Add Eligibility Modifiers** in the upper-right corner of the **Eligibility Modifiers** window. The blank **Eligibility Modifiers** form shown in Figure 9-7 displays.

Figure 9-7: Blank Eligibility Modifiers form

2. Type a description for the eligibility modifier in the **Eligibility Modifier** field.

3. Select a modifier type from the **Type** list box. These choices are available:

    - N – Name change
    - L – Legal docs
    - S – Legal Sex
    - NL – Combination of options N and L
    - NS – Combination of options N and S
    - LS – Combination of options L and S
    - NLS – Combination of options N, L, and S

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

9.2.3 Editing Eligibility Modifiers

Note:	The eligibility modifiers that use the modifier type **N**, **L**, **S**, **NL**, **NS**, **LS**, and **NLS** can be added or edited.

Follow these steps to edit an eligibility modifier that was locally added.

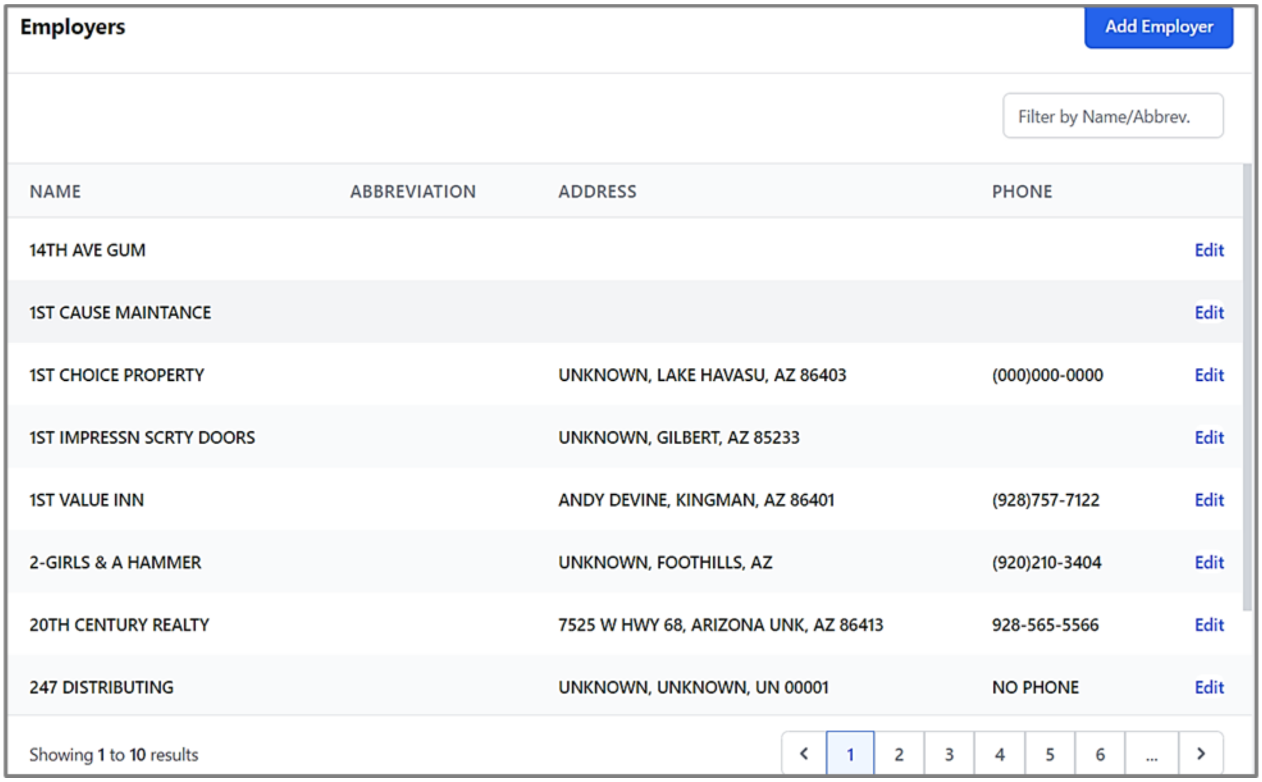
1. Type the first few letters of an eligibility modifier in the **Filter by Elig. Modifier** field in the upper right corner of the **Eligibility Modifiers** listing page and press **Enter** to filter the list. Then use the numbered list at the bottom of the page and/or the left and right arrows in the lower-left corner of the page to find a specific modifier.

2. Click **Edit** on the right side of the eligibility modifier to be edited. The **Eligibility Modifier** window displays.

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

9.3 Employers

Use the **Employers** option to add employers to the RPMS database or edit information about existing employers. Select the **Employers** option to display the **Employers** list as show in Figure 9-8.



NAME	ABBREVIATION	ADDRESS	PHONE	
14TH AVE GUM				Edit
1ST CAUSE MAINTANCE				Edit
1ST CHOICE PROPERTY		UNKNOWN, LAKE HAVASU, AZ 86403	(000)000-0000	Edit
1ST IMPRESSN SCRTY DOORS		UNKNOWN, GILBERT, AZ 85233		Edit
1ST VALUE INN		ANDY DEVINE, KINGMAN, AZ 86401	(928)757-7122	Edit
2-GIRLS & A HAMMER		UNKNOWN, FOOTHILLS, AZ	(920)210-3404	Edit
20TH CENTURY REALTY		7525 W HWY 68, ARIZONA UNK, AZ 86413	928-565-5566	Edit
247 DISTRIBUTING		UNKNOWN, UNKNOWN, UN 00001	NO PHONE	Edit

Figure 9-8: Employers list window

9.3.1 Adding an Employer

Follow these steps to add an employer.

Click **Add Employer** on the **Employer** listing window. The blank **Employer** window (Figure 9-9) displays.

Figure 9-9: Blank Employer form

Complete the fields of the form as appropriate. When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

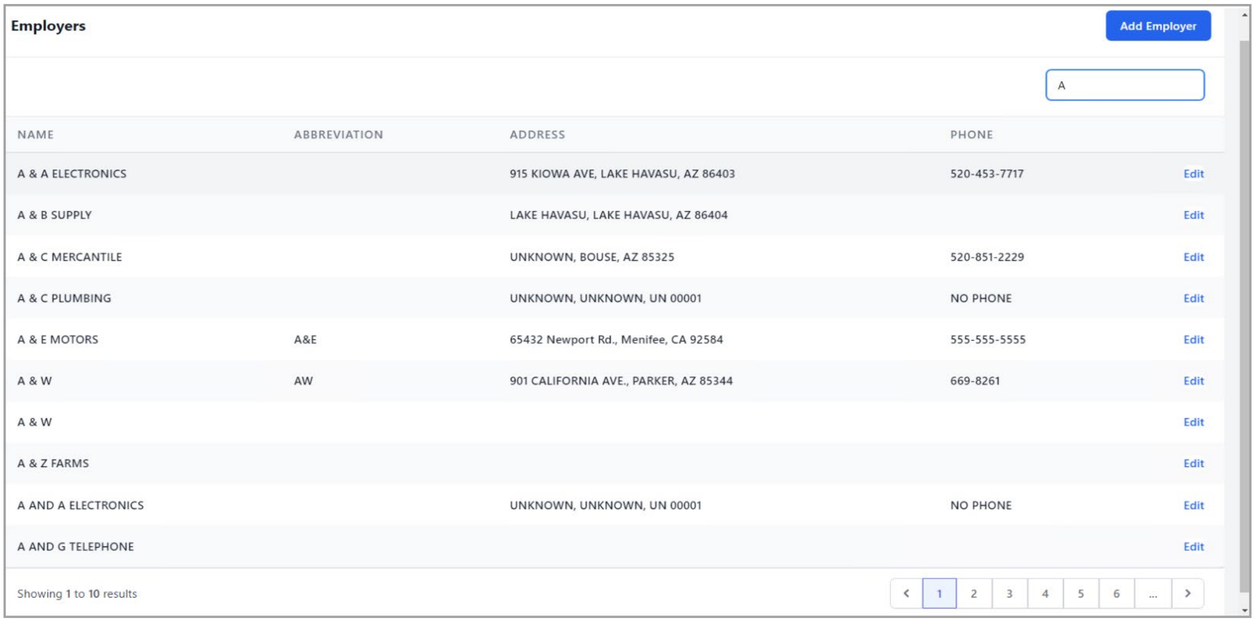
If the employer name entered is a duplicate of an existing employer, a warning message displays, and the form cannot be saved until a non-duplicate employer name is entered.

9.3.2 Editing an Employer

Follow these steps to edit an existing employer in the RPMS database:

1. Type the first few letters of the employer's name in the **Filter by Name/Abbrev** field in the upper right corner of the **Employer** listing window and press **Enter** to filter the list. Use the vertical scroll bar on the right side of the window (if available) and/or the **left** and **right** arrows in the lower-left corner of the window to find the employer to be edited.

   Figure 9-10 shows an example of using *A* as the filter term to find A & E MOTORS.


Employers

Add Employer

A

NAME	ABBREVIATION	ADDRESS	PHONE	
A & A ELECTRONICS		915 KIOWA AVE, LAKE HAVASU, AZ 86403	520-453-7717	Edit
A & B SUPPLY		LAKE HAVASU, LAKE HAVASU, AZ 86404		Edit
A & C MERCANTILE		UNKNOWN, BOUSE, AZ 85325	520-851-2229	Edit
A & C PLUMBING		UNKNOWN, UNKNOWN, UN 00001	NO PHONE	Edit
A & E MOTORS	A&E	65432 Newport Rd., Menifee, CA 92584	555-555-5555	Edit
A & W	AW	901 CALIFORNIA AVE., PARKER, AZ 85344	669-8261	Edit
A & W				Edit
A & Z FARMS				Edit
A AND A ELECTRONICS		UNKNOWN, UNKNOWN, UN 00001	NO PHONE	Edit
A AND G TELEPHONE				Edit

Showing 1 to 10 results

‹ 1 2 3 4 5 6 ... ›

Figure 9-10: Filtered Employer listing

2. Click **Edit** on the far right of the employer's name to edit the selected employer. Figure 9-11 shows an example of the **Employer** form ready to be edited.

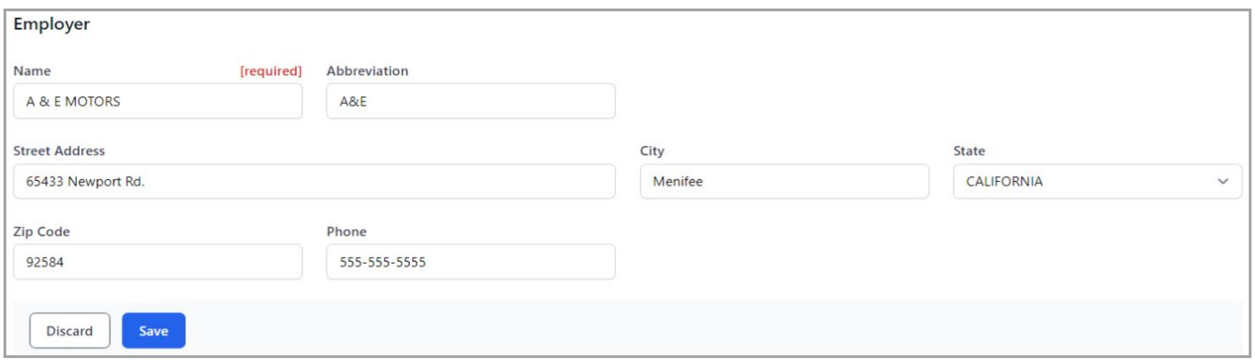


Figure 9-11: Employer form open for editing

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

9.4 Group Insurance Plan

Use the **Group Insurance Plan** option to add group insurance or edit information about existing group insurance plans. Select the **Group Insurances Plans** option to display a listing window, similar to that shown in Figure 9-12.

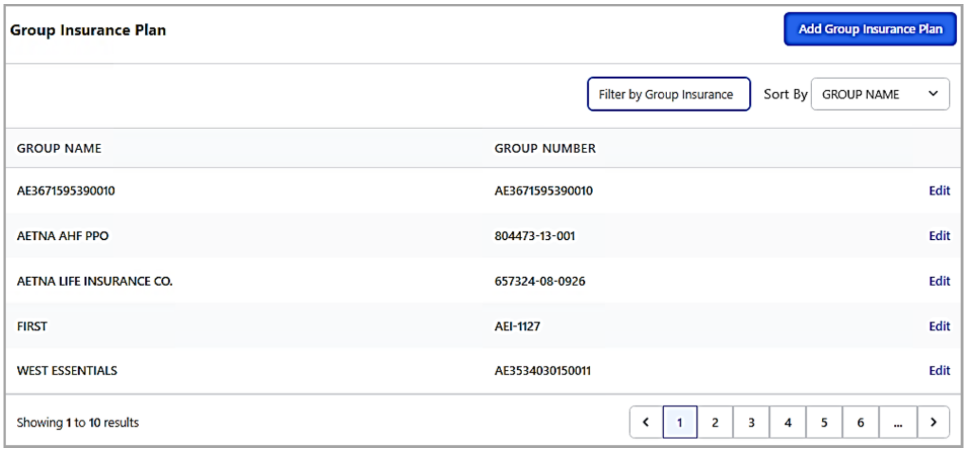


Figure 9-12: Group Insurances listing window

9.4.1 Filtering and Sorting the Group Insurance Plan Listing

There are two ways to filter or sort the listing of group insurance:

- Use the **Sort By** list box to sort the listing by either **Group Name** or **Group Number**.
- Type the first few letters of a group insurance name in the **Filter by Group Insurance** box in the upper-right corner of the **Group Insurances** listing page to filter the list, then use the **left** and **right** arrows in the lower-left corner of the page to find a specific group insurance.

9.4.2 Adding Group Insurance Plan

Follow these steps to add a new employer group insurance:

1. Click **Add Group Insurance Plan** on the **Group Insurances** listing page to create a new **Group Insurance** plan. The **Group Insurance Plan** form shown in Figure 9-13 displays.

Figure 9-13: Blank Group Insurance Plan form

2. Type the group name in the **Group Name** field.
3. Select the **Group Numbers Vary By Visit Type** option if applicable.

4. Enter the group number in the **Group Number** field, if applicable.

5. Click **Save** to save the new group insurance to the database.

9.4.3 Editing Group Insurance Plan

Follow these steps to edit an existing group insurance entry.

1. Type the first few letters of the group insurance plan name in the **Filter by Group Insurance** box in the upper-right corner of the **Group Insurances** listing page and press **Enter** to filter the list (Figure 9-14). Then use the **left** and **right** arrows in the lower-right corner of the page to find the group insurance to be edited.

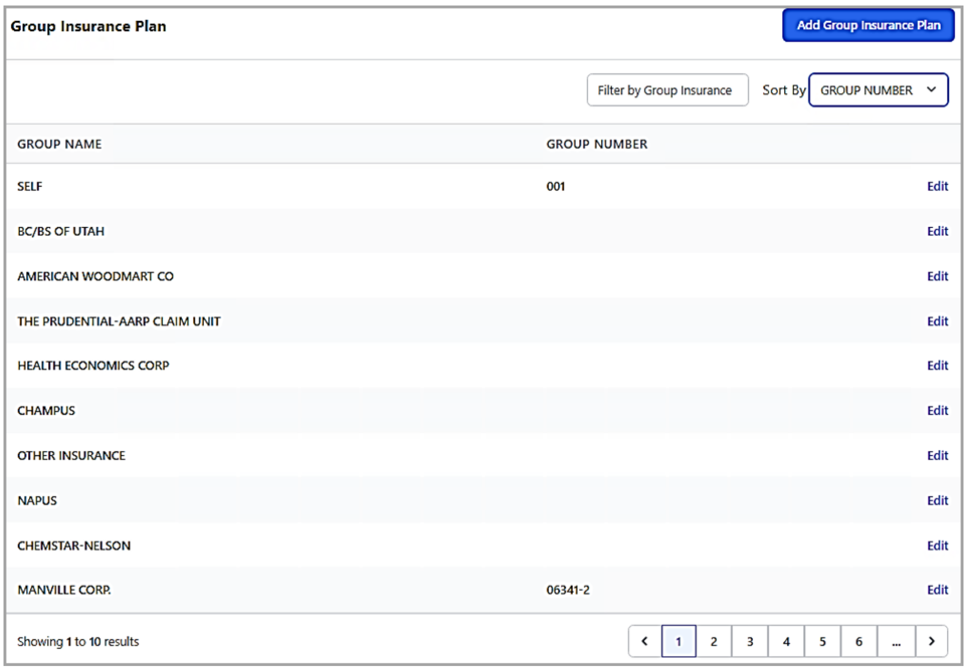


Figure 9-14: Filtered Group Insurances listing

2. Click **Edit** to the right of the insurance listing to be edited. Figure 9-15 shows an example of the **Group Insurance** form ready to be edited.

Figure 9-15: Group Insurance form open for editing

3. Once the form is open for editing, users can change the **Group Name**, **Group Numbers Vary By Visit Type**, and **Group Number** fields as necessary.

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

9.4.3.1 Adding Visit Types

When editing a group insurance entry, users are given the option of adding or editing the **Visit Type**. To add a visit type, follow these steps:

1. After opening the group insurance for editing as described in Section9.4.3, select the **Group Numbers Vary By Visit Type**. The **Visit Types** workspace displays.

2. Click **Add** in the **Visit Types** section (Figure 9-16) of the page.

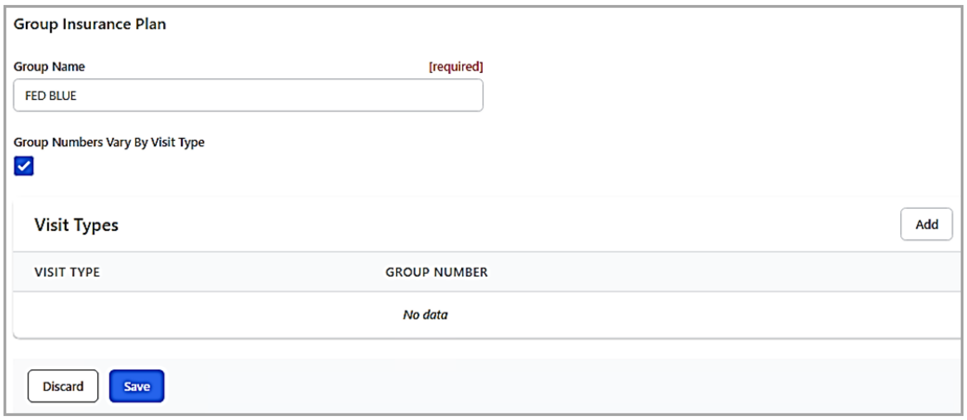


Figure 9-16: Visit Types Add window

A blank **Visit Types Add** window is displayed as shown in Figure 9-17.

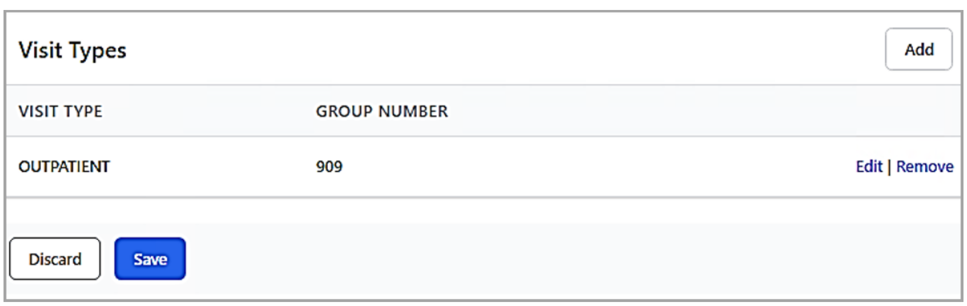


Figure 9-17: Blank Visit Type edit window

3. Select the appropriate visit type from the **Visit Type** list.

4. If the **Group Numbers Vary By Visit Type** option is enabled, the **Group Number** field also displays. Enter the group number for that particular visit type.

5. After adding the appropriate information, click **OK** to save the new visit type, or click **Cancel** to close the **Visit Type** edit window without saving changes.

9.4.3.2 Editing Visit Types

Follow these steps to edit an existing visit type:

1. After opening the group insurance to be edited, select the visit type to be edited in the **Visit Type** section of the window.

2. Click **Edit**. The **Visit Type** edit window displays as shown in Figure 9-18.

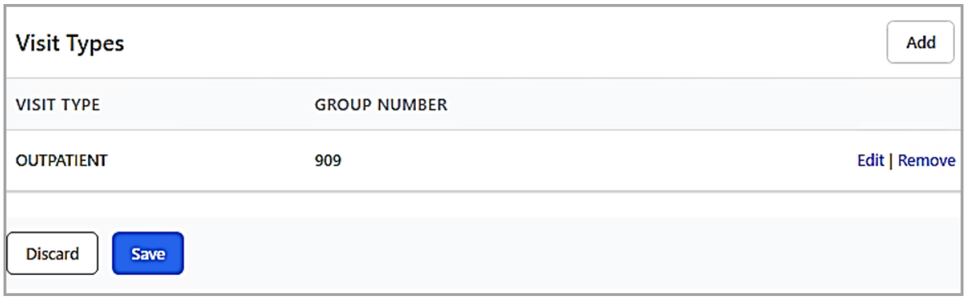


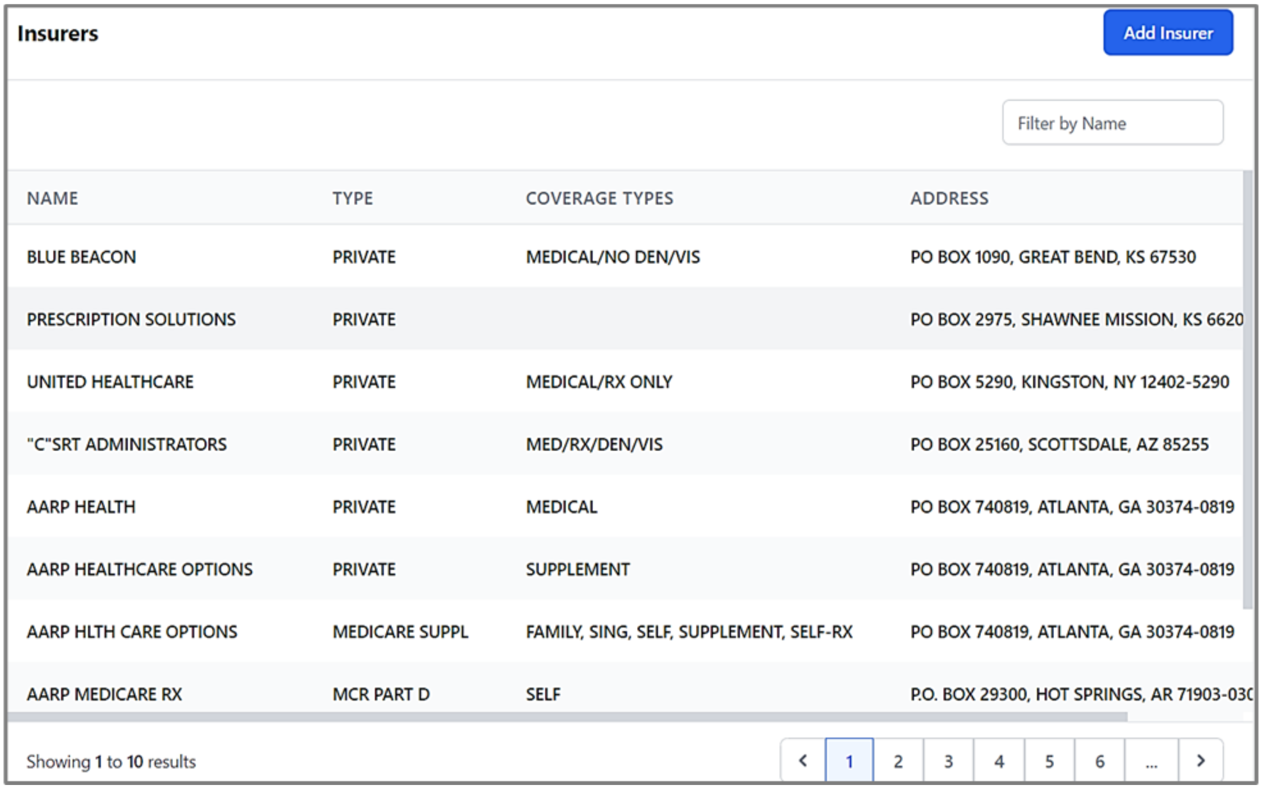
Figure 9-18: Visit Type edit window

3. Make any changes to the **Visit Type** field, and if applicable, the **Group Number** options.

4. Click **OK** to save the edited visit type or click **Cancel t**o close the **Visit Type** edit window without saving changes.

9.5 Insurer Settings

Use the **Insurers** option to add insurers and guarantors to the RPMS database or edit information about existing ones. Click the **Insurer** option to display the **Insurer List** as shown in (Figure 9-19).



NAME	TYPE	COVERAGE TYPES	ADDRESS
BLUE BEACON	PRIVATE	MEDICAL/NO DEN/VIS	PO BOX 1090, GREAT BEND, KS 67530
PRESCRIPTION SOLUTIONS	PRIVATE		PO BOX 2975, SHAWNEE MISSION, KS 6620
UNITED HEALTHCARE	PRIVATE	MEDICAL/RX ONLY	PO BOX 5290, KINGSTON, NY 12402-5290
"C"SRT ADMINISTRATORS	PRIVATE	MED/RX/DEN/VIS	PO BOX 25160, SCOTTSDALE, AZ 85255
AARP HEALTH	PRIVATE	MEDICAL	PO BOX 740819, ATLANTA, GA 30374-0819
AARP HEALTHCARE OPTIONS	PRIVATE	SUPPLEMENT	PO BOX 740819, ATLANTA, GA 30374-0819
AARP HLTH CARE OPTIONS	MEDICARE SUPPL	FAMILY, SING, SELF, SUPPLEMENT, SELF-RX	PO BOX 740819, ATLANTA, GA 30374-0819
AARP MEDICARE RX	MCR PART D	SELF	P.O. BOX 29300, HOT SPRINGS, AR 71903-03(

Figure 9-19: Insurers Option on Settings workspace

Click **Add Insurer** to view a blank **Insurer workspace** (Figure 9-20).

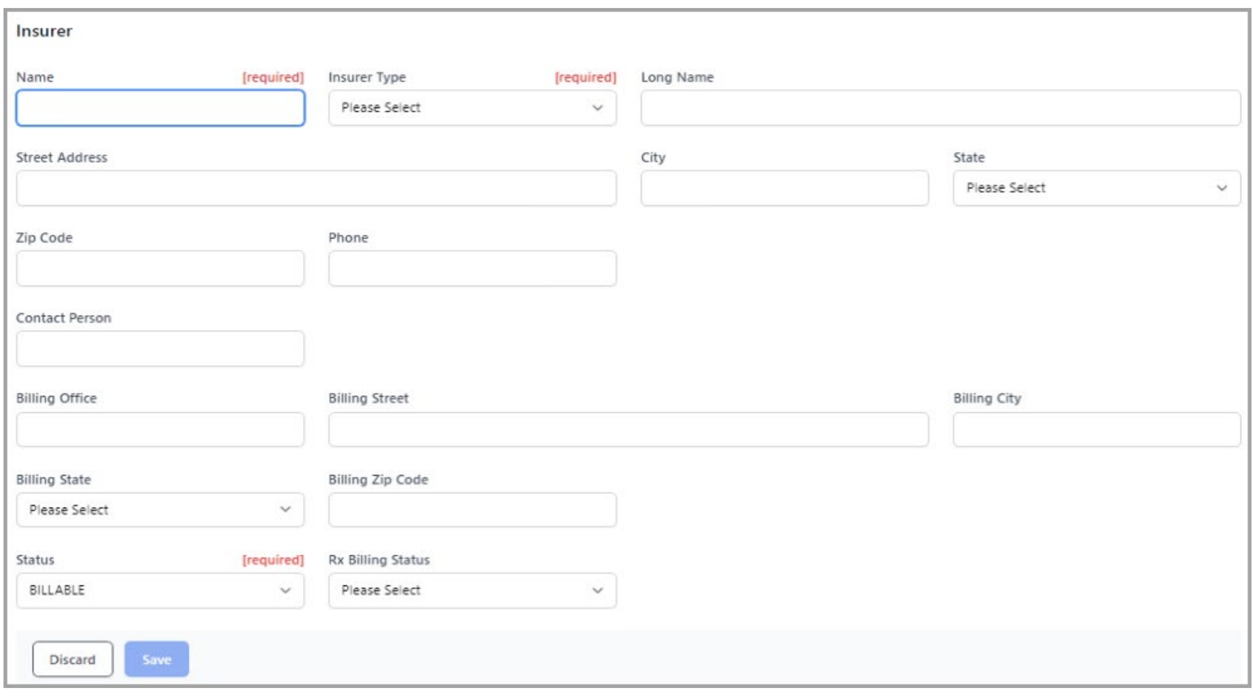


Figure 9-20: Insurer workspace

9.5.1 Adding an Insurer

Follow these steps to add an insurer to the **RPMS database**:

1. Click **Add Insurer** to view a blank **Insurer** window (Figure 9-21).

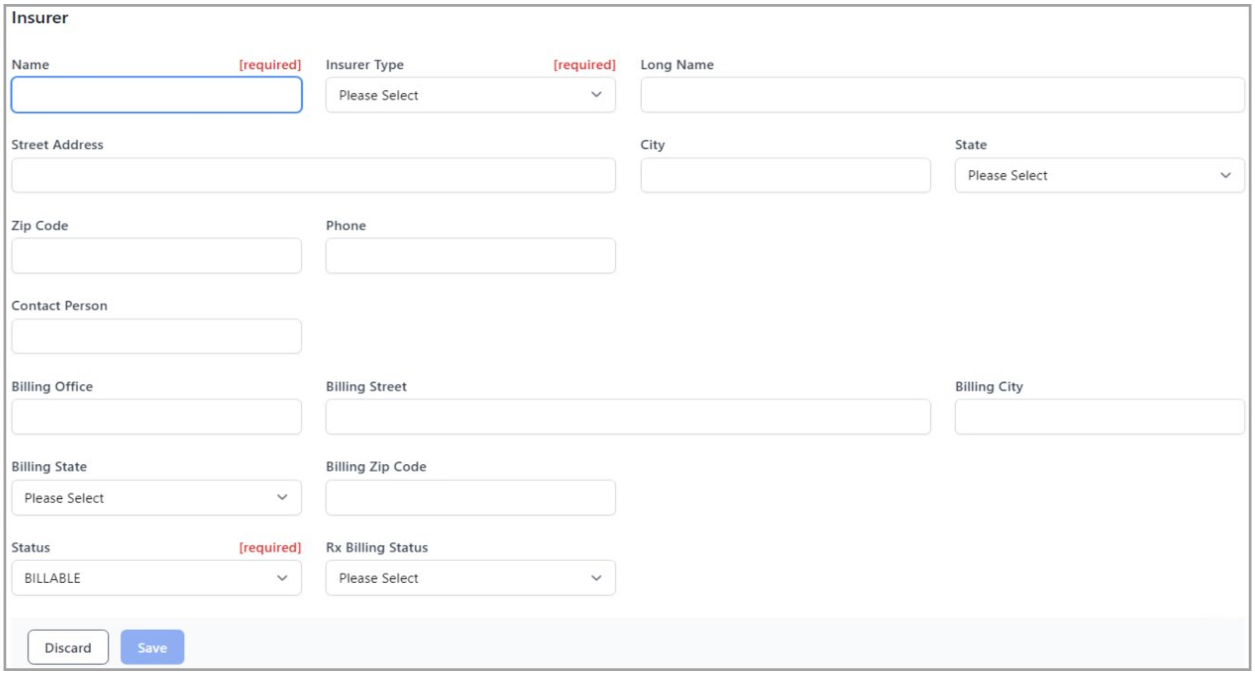


Figure 9-21: Blank Insurer window

2. Fill in the **fields** of the form as is appropriate, and then click **Save** to save the entries and close the form or click **Cancel** to close the form without saving the entries.

If the insurer name entered is a duplicate of an existing insurer, a warning message displays, and the form cannot be saved until a non-duplicate Insurer name is entered.

The **Insurer Types** drop-down list defines the eligibility of 21 various insurer types. Figure 9-22 shows a listing of **Insurer Types**.

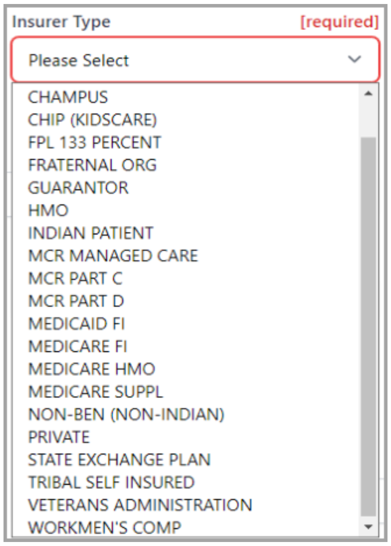
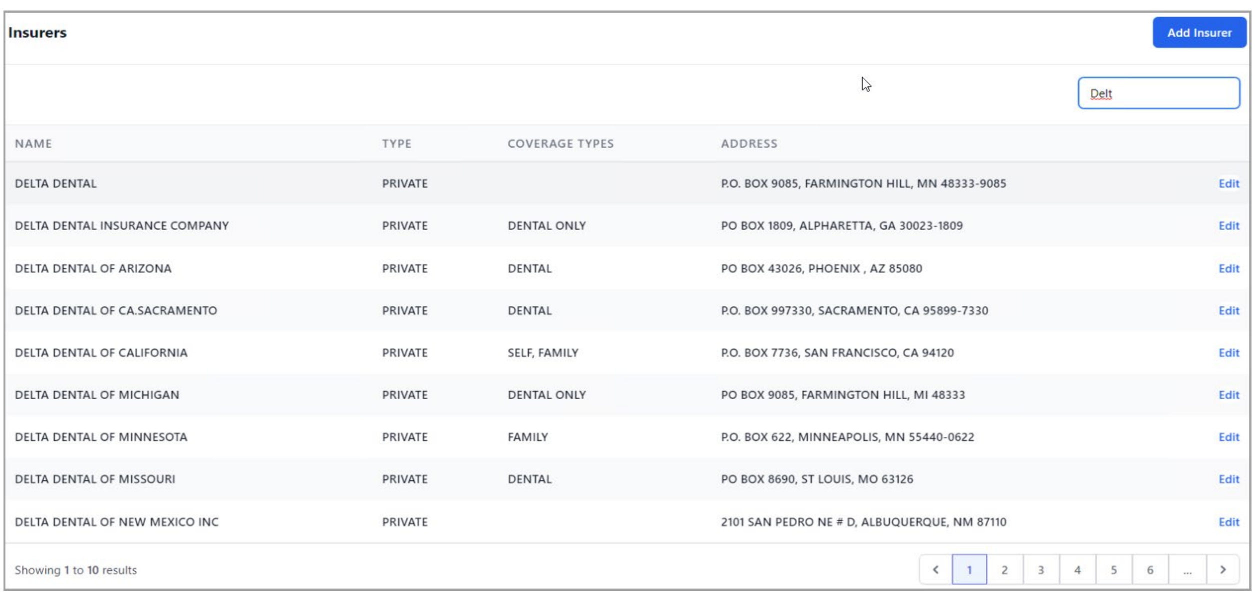


Figure 9-22: Insurer Type list

9.5.2 Editing an Insurer

Follow these steps to edit an existing insurer or guarantor in the RPMS database:

1. Type the first few letters of the **Insurers's name** in the **Filter by Name** field in the upper right corner of the **Insurers** window.
2. Press **Enter**. This filters the list for the selection.
3. Use the **left** and **right** arrows in the lower-right corner of the window to find the insurer to be edited. Figure 9-23 shows an example of using **Delta** as the filter term to find Delta Dental.



NAME	TYPE	COVERAGE TYPES	ADDRESS	
DELTA DENTAL	PRIVATE		P.O. BOX 9085, FARMINGTON HILL, MN 48333-9085	Edit
DELTA DENTAL INSURANCE COMPANY	PRIVATE	DENTAL ONLY	PO BOX 1809, ALPHARETTA, GA 30023-1809	Edit
DELTA DENTAL OF ARIZONA	PRIVATE	DENTAL	PO BOX 43026, PHOENIX , AZ 85080	Edit
DELTA DENTAL OF CA.SACRAMENTO	PRIVATE	DENTAL	P.O. BOX 997330, SACRAMENTO, CA 95899-7330	Edit
DELTA DENTAL OF CALIFORNIA	PRIVATE	SELF, FAMILY	P.O. BOX 7736, SAN FRANCISCO, CA 94120	Edit
DELTA DENTAL OF MICHIGAN	PRIVATE	DENTAL ONLY	PO BOX 9085, FARMINGTON HILL, MI 48333	Edit
DELTA DENTAL OF MINNESOTA	PRIVATE	FAMILY	P.O. BOX 622, MINNEAPOLIS, MN 55440-0622	Edit
DELTA DENTAL OF MISSOURI	PRIVATE	DENTAL	PO BOX 8690, ST LOUIS, MO 63126	Edit
DELTA DENTAL OF NEW MEXICO INC	PRIVATE		2101 SAN PEDRO NE # D, ALBUQUERQUE, NM 87110	Edit

Figure 9-23: Filtered Insurer listing

4. To edit an insurer click **Edit** on the far-right side of the insurer's listing. Figure 9-24 shows an example of the Insurer form ready to be edited.

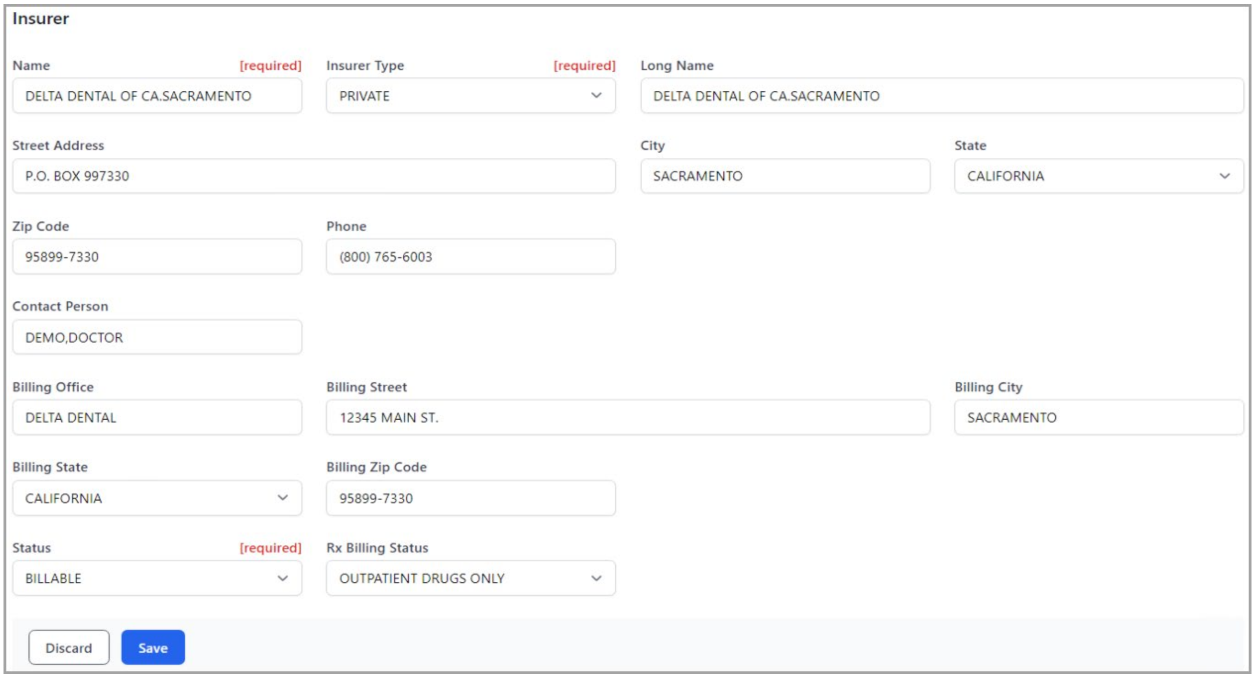


Figure 9-24: Insurer workspace open for editing

5. After making any changes necessary, click **Save** to save all changes and close the **Insurer** window, or click **Cancel** to close without saving changes.

9.6 Patient Application Type Settings

Use the **Patient Application Types** option to add **patient application types** or edit existing ones. Once established, patient application types are available as options in the **Application Type** field on the **Benefits Cases** tab, as described in Section 8.1 in this manual.

The **Application Types** window displays as shown in Figure 9-25.

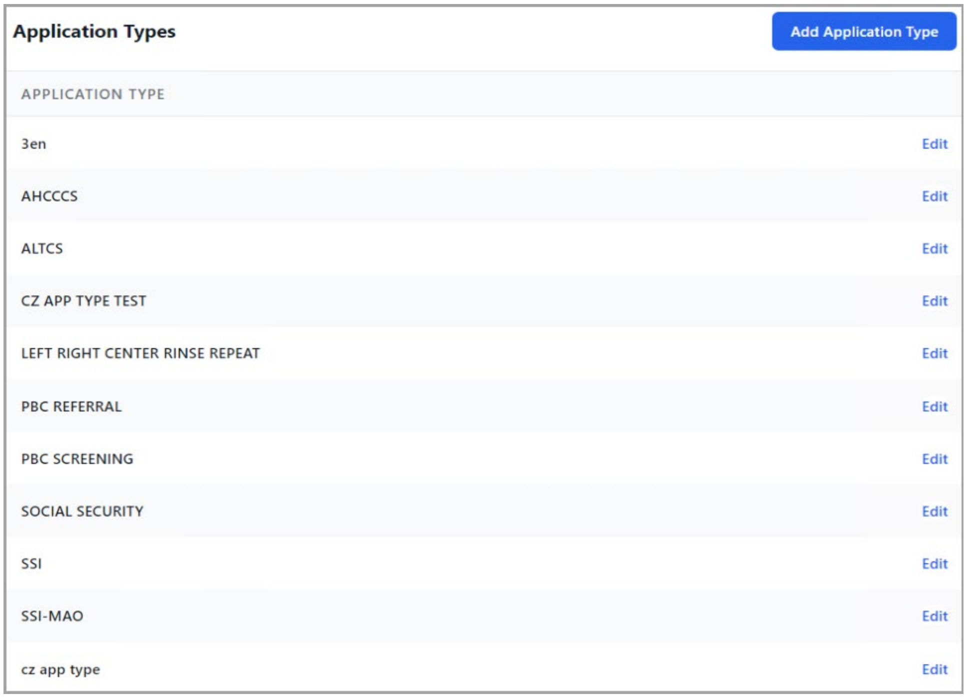


Figure 9-25: Patient Application Types listing window

9.6.1 Adding a Patient Application Type

Follow these steps to add a patient application type.

1. Click **Add Application Type** in the upper-right corner of the window. The blank **Patient Application Type** window shown in Figure 9-26 displays.

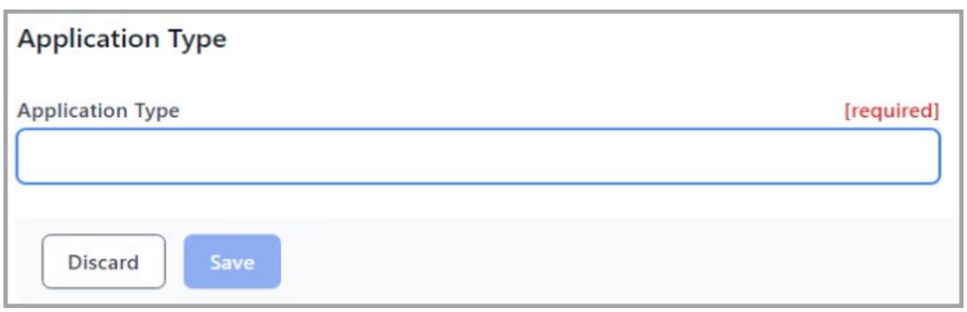


Figure 9-26: Blank Patient Application Type window

2. Type the **name** of the new patient application type in the **Application Type** field.

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

9.6.2 Editing a Patient Application Type

Follow these steps to edit an existing patient application type.

1. From the **Patient Application Types** listing window shown in Figure 9-25, select the **application type** to edit.
2. Click **Edit** on the right side of the **Patient Application Type** listing. Figure 9-27 shows an example of editing the **Social Security Patient Application Type**.

Figure 9-27: Patient Application Type window open for editing

3. Make any changes to the selected **application type**.

When all additions and/or changes have been made, click **Save** to preserve the information or click **Discard** to close the workspace without saving. The **Confirm close without saving** warning message (Figure 4-18) displays.

10.0 Registration Reports

The Practice Management Application Suite includes the **Reports** module, which produces a variety of reports regarding practice management. This chapter describes the registration-related reports available from the **Reports** module.

10.1 Reports Module Overview

The **Reports** module collects specific information from the RPMS database, and then formats the information for on-screen viewing or printing. You can also print reports as well as save them in a variety of different file formats.

Open the **Reports** module by clicking **Reports (lower left)**, as shown in Figure 10-1.

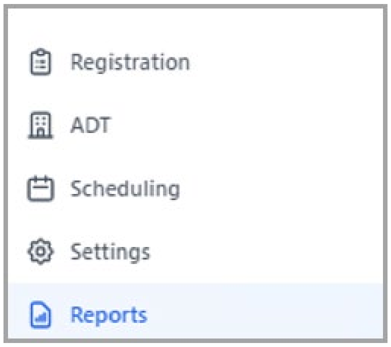


Figure 10-1: Accessing the Reports module

10.1.1 Reports – Preview and Print Options

For every report in the **Reports** module, the user can view the report results in two ways. After selecting the appropriate report parameters:

- Click **Preview** to view the report on the screen
- Click **Print** to print the report to an RPMS Device or to the Browser

Figure 10-2 shows the **Preview** and **Print** options for all reports.

Figure 10-2: Preview and Print options

10.1.2 Reports – Page Selection

For every report in the **Reports** module, the user can utilize the following **Page Selection** buttons (Figure 10-3) to navigate through multi-page reports.

Use the **middle arrows** () to move through the report one page at a time.

Use the **arrows with the bar** () to quickly go to the beginning or the end of the report.

Figure 10-3: Page Selection buttons

10.1.3 Reports – Zoom Options

For every report in the **Reports** module, the user can utilize the following **Zoom In** and **Zoom Out** functions (Figure 10-4) to either **Zoom In** or **Zoom Out** within the page view of the report.

Use the and buttons to manually adjust the report view.

- Use the **100% picklist** option to set a specific report view (includes **Fit Page** and **Fit Width**).

Figure 10-4: Zoom buttons

10.2 Registration Report Types

Once the **Reports** module is open, a listing of the available registration-related reports displays as shown in Figure 10-5.

Figure 10-5: Registration Reports

Click any **report name** to open that report. After opening a report, you must provide additional parameters (such as **Start** and **End** dates, **Status**, **Sort By**, etc.) in order to view the report.

10.2.1 Benefit Cases Report

The **Benefit Cases Report** shows a count of all patient benefit cases by case status and by case type for all or for a specific **Benefits Coordinator**.

The **Benefits Cases Report** has fields for these parameters:

- Start Date – Defaults to Today-30 days. Users can specify a date as needed.
- End Date – Defaults to the current day. Users can specify a date as needed.
- Benefits Coordinator – Users can type some or all of the name, using a LAST, FIRST name format to begin the search. Leave this parameter empty for <All> Benefit Coordinators.
- Case Status (Figure 10-6)

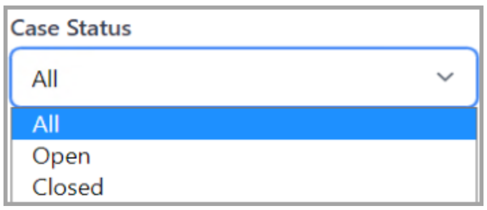


Figure 10-6: Case Status list

- Case Types (Figure 10-7)

Figure 10-7: Case Type list

Figure 10-8 shows the parameters of the **Benefits Cases Report**.

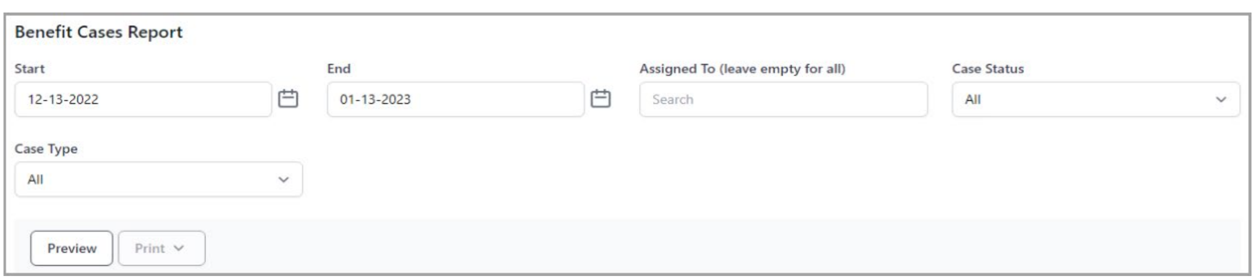


Figure 10-8: Benefits Cases Report parameters

After selecting the appropriate **report parameters**, click **Preview** to view the report.

Figure 10-9 shows an example of a typical **Benefits Cases Report**.

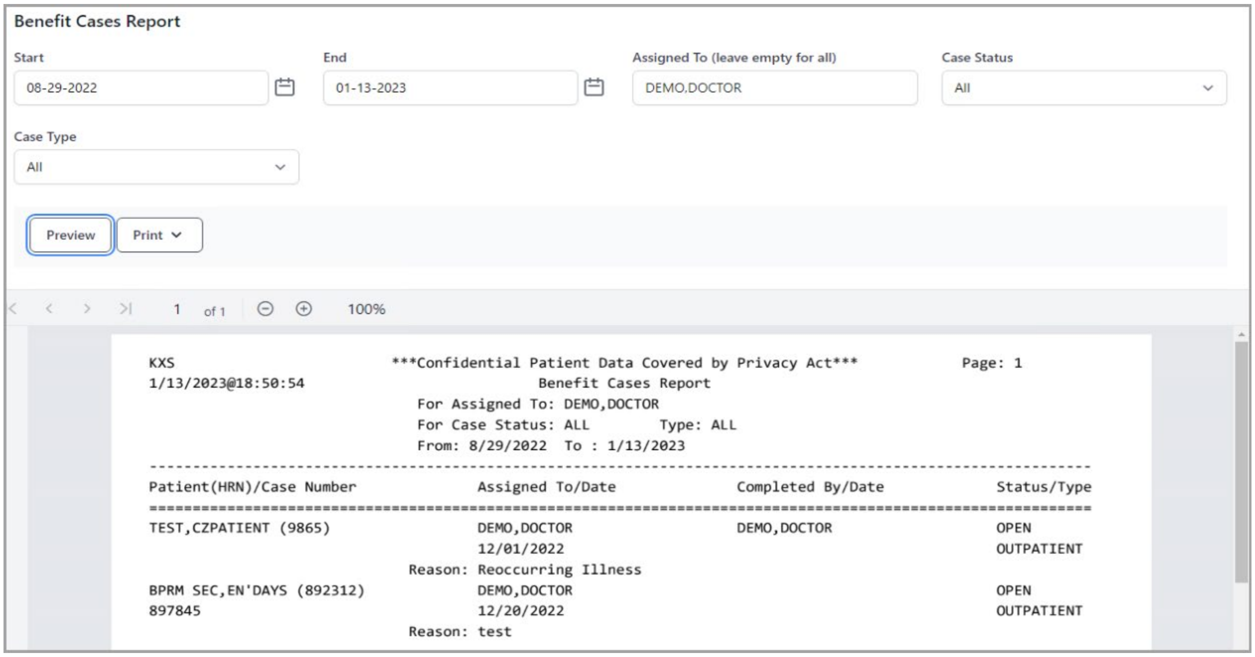


Figure 10-9: Benefits Cases Report example

10.2.2 Benefit Case Report – Coordinator Productivity

The **Benefit Cases Report – Coordinator Productivity** shows a count of all patient benefit cases by application type and by current status for all or for a specific **Benefits Coordinator**.

Figure 10-10 shows the parameters of the **Benefits Cases Report – Coordinator Productivity**.

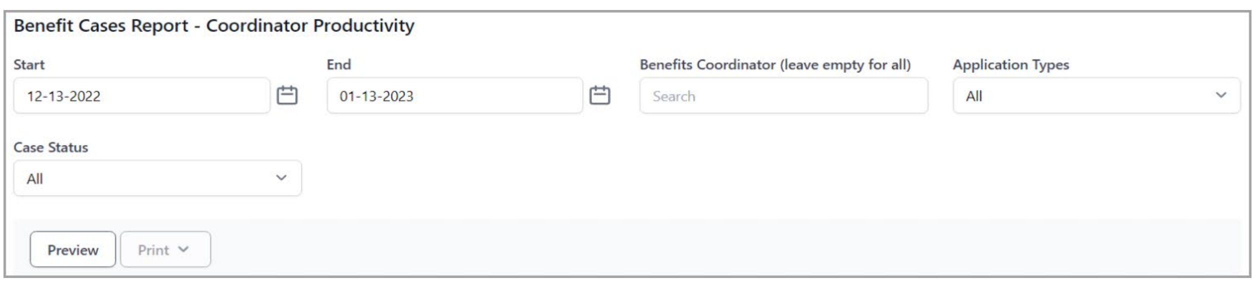


Figure 10-10: Benefits Cases Report – Coordinator Productivity parameters

The **Benefits Cases Report – Coordinator Productivity** has fields for these parameters:

- Start Date
- End Date
- Benefits Coordinator (leave empty for all)

- Application Types

  The list of application types will vary depending on each site's setup.

- Case Status (Figure 10-11)

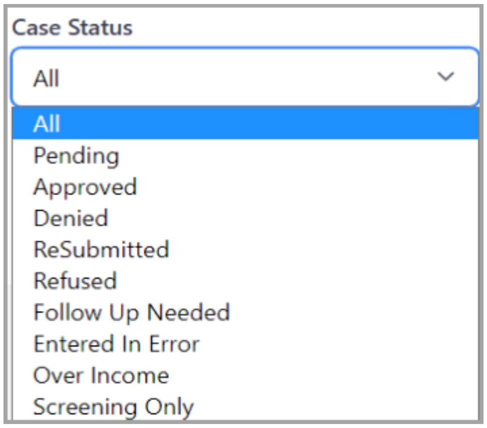


Figure 10-11: Benefits Cases Report – Coordinator Productivity Case Status list

After selecting the appropriate **report parameters**, click **Preview** to view the report (Figure 10-12).

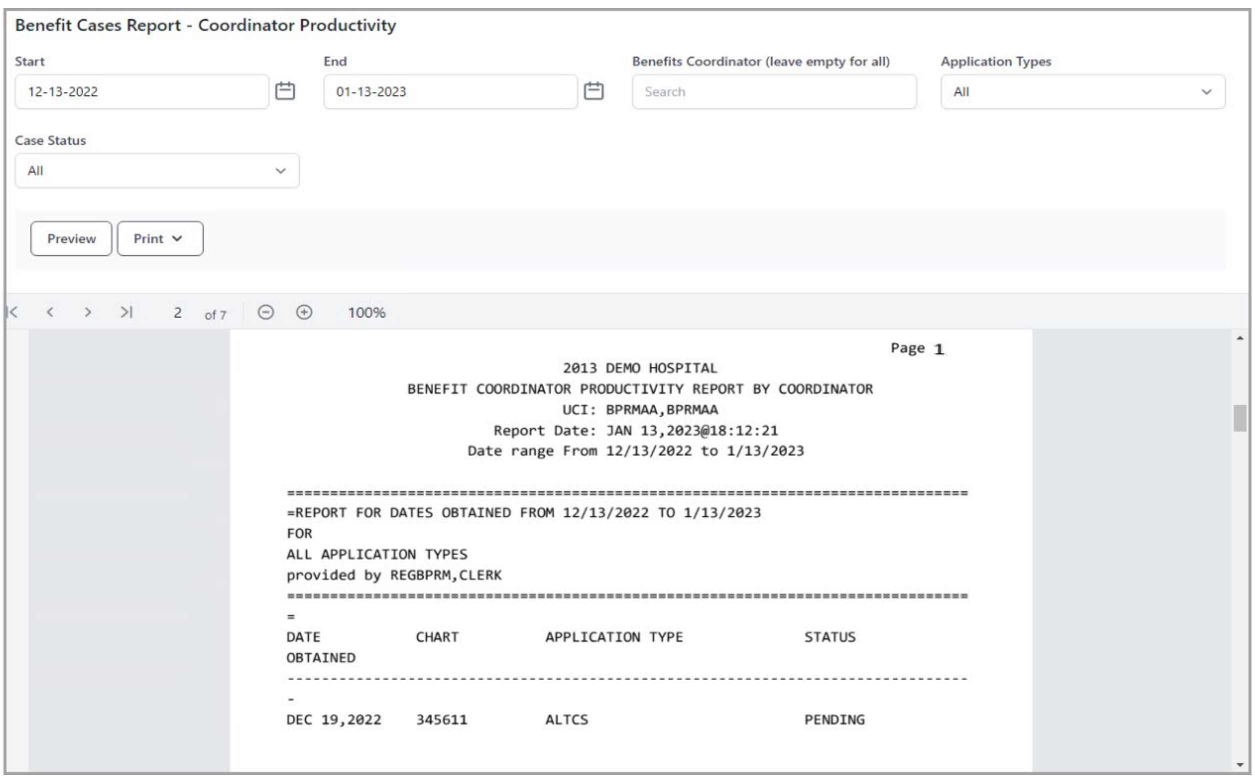


Figure 10-12: Benefit Cases Report -- Coordinator Productivity report

10.2.3 Daily Activity Report

The **Daily Activity Report** shows the total number of patient records that have been added, edited, removed, and registered over a selected period of time.

10.2.3.1 Daily Activity Report Parameters

The **Daily Activity Report** has fields for these parameters:

- Start Date
- End Date
- Type of Report

Figure 10-13 shows the parameters of the **Daily Activity Report**.

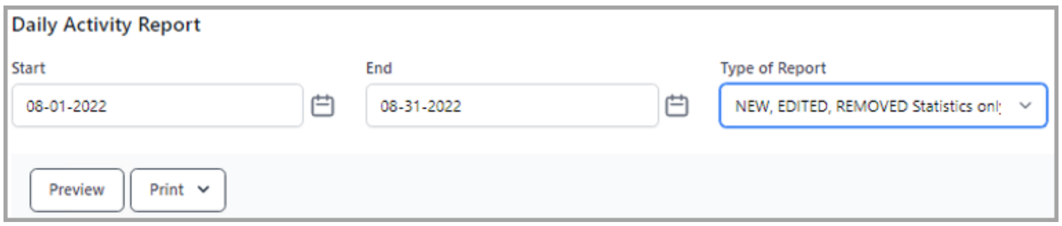


Figure 10-13: Daily Activity Report parameters

The **Daily Activity Report** requires a **Start Date** and **End Date** for the period of time you want reflected in the report. By default, the **Start Date** is set to Today-30 days and the **End Date** is set to the current day.

The **Type of Report** field offers the following options:

- NEW, EDITED, REMOVED Statistics only
- NEW, EDITED, REMOVED Statistics and Patients
- NEW, REGISTERED Statistics only
- NEW, REGISTERED Statistics and Patients

After selecting the appropriate **report parameters**, click **Preview** to view the report.

10.2.3.2 Information in the Daily Activity Report

The **Daily Activity Report** includes two versions of the report.

The **Daily Activity Report (Statistics only)** shows only the total number of patient records added, edited, removed or added, registered (depending on the type of report selected).

Figure 10-14 shows an example of a typical **Daily Activity Report (Statistics only)**.

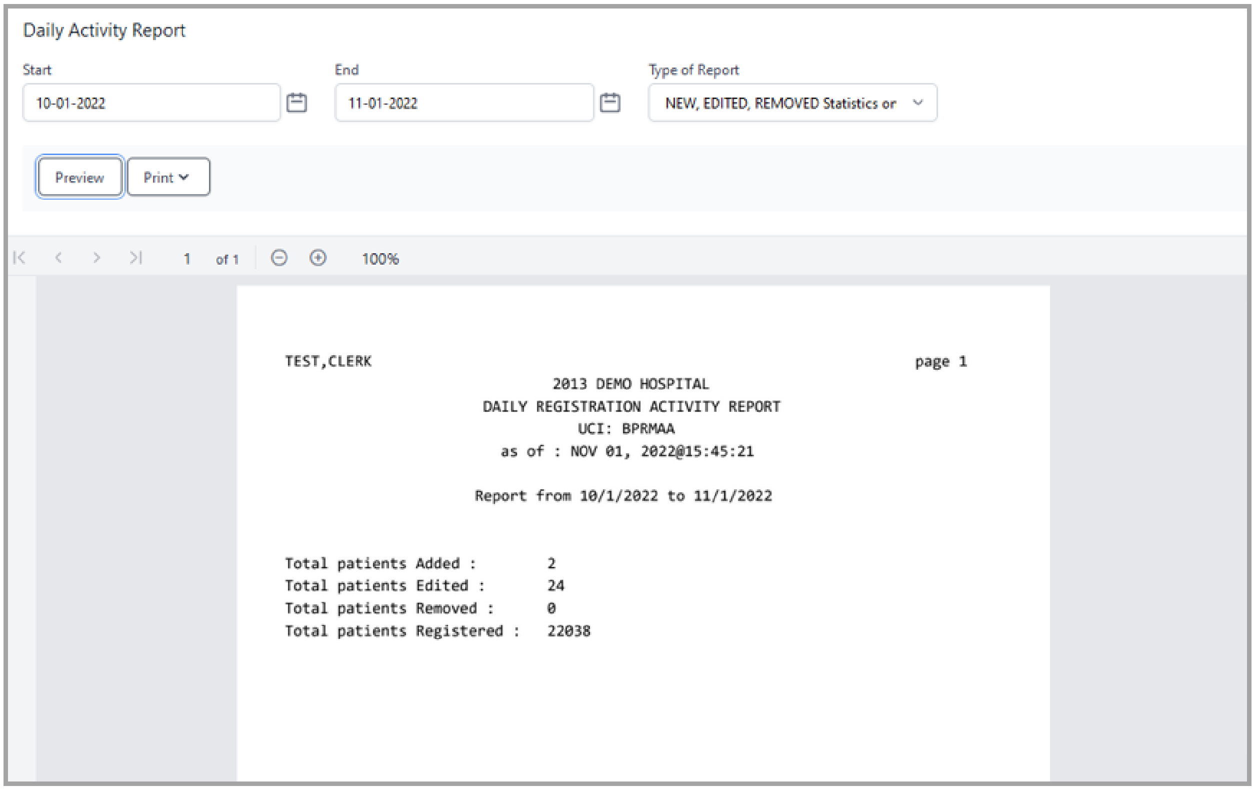


Figure 10-14: Daily Activity Report (Statistics only) example

The **Daily Activity Report (Statistics and Patients)** includes the **Statistics** summary and the following information for each patient record that matches the report parameters:

- Name
- Chart Number
- Date of Birth

Figure 10-15 shows an example of a typical **Daily Activity Report (Statistics and Patients)**.

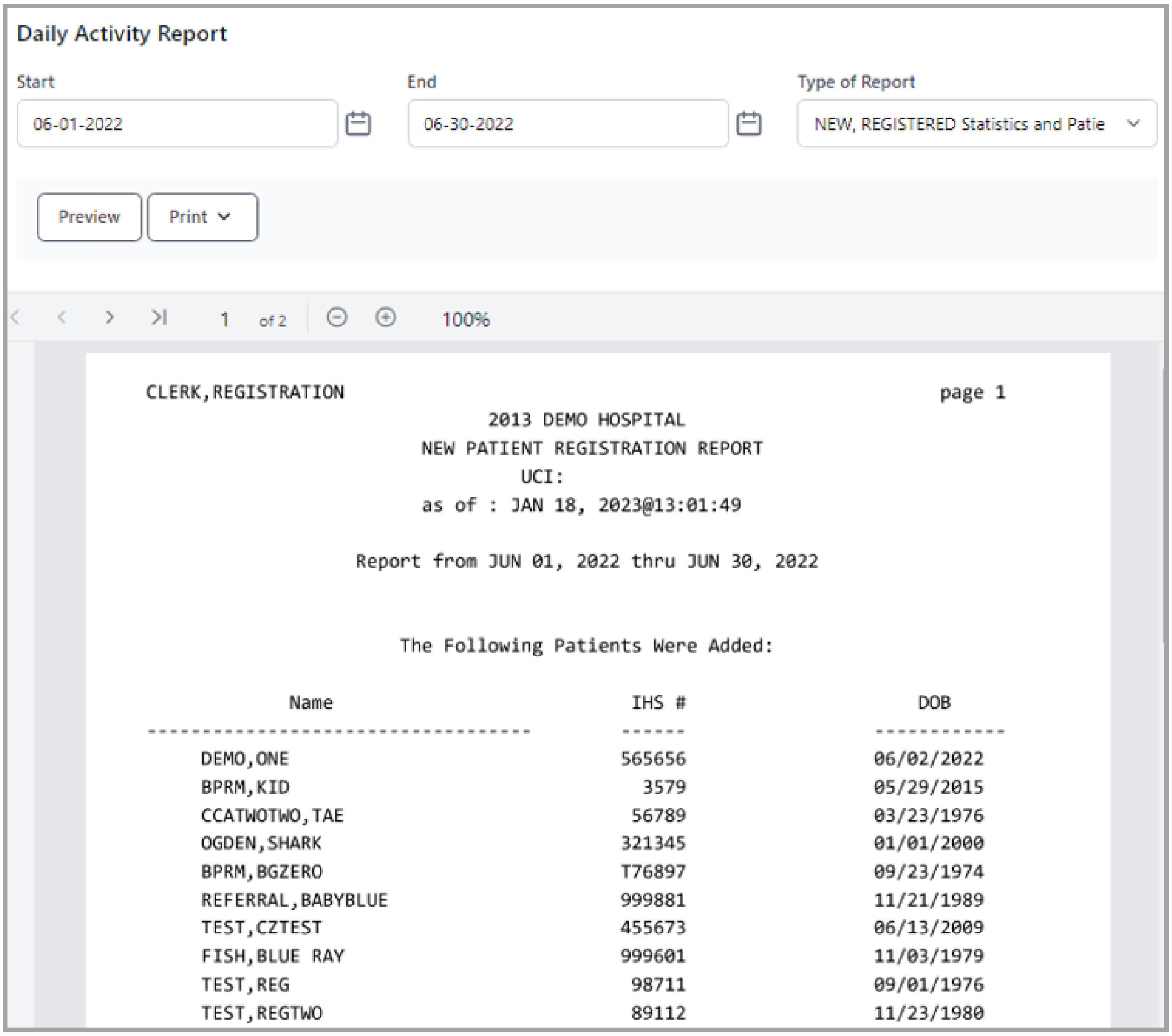


Figure 10-15: Daily Activity Report (Statistics and Patients) example

10.2.4 Insurance Coverage Report

The **Insurance Coverage Report** shows information about patient insurance enrollment over a specific date range, filtered in several different ways.

10.2.4.1 Insurance Coverage Report Parameters

The **Insurance Coverage Report** has fields for these parameters:

- Alternate Resource
- Start Date
- End Date
- Age Range

- Eligibility Status

Figure 10-16 shows the parameters of the **Insurance Coverage Report**.

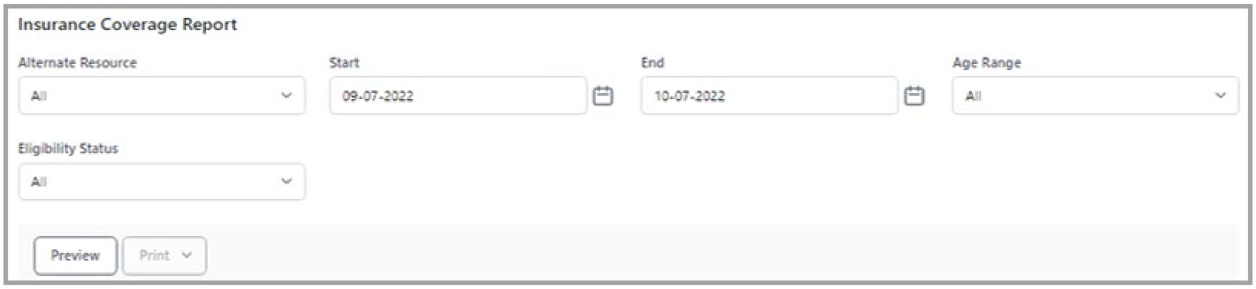


Figure 10-16: Insurance Coverage Report parameters

The **Alternate Resource** field offers the following options for the user to choose from or choose **<All>** to quickly select all of them.

- All
- MEDICARE
- MEDICAID
- PRIVATE INSURANCE
- WORKMEN'S COMP
- PRIVATE + WORKMEN'S
- CHIP

The **Insurance Coverage Report** requires a **Start Date** and **End Date** for the period of time you want reflected in the report. The report shows all patients who had a visit within the specified date range. By default, the **Start Date** is set to **Today-30 days** and the **End Date** is set to the **current day**.

The **Age Range** field offers the following options for the user to choose from or choose **<All>** to quickly select all of them.

- All
- 0-17
- 18-64
- 65-95

The **Eligibility Status** field offers the following options for the user to choose from or choose **<All>** to quickly select all of them.

- All
- INDIAN BENEFICIARY PATIENTS
- NON-BENEFICIARY PATIENTS

After selecting the appropriate **report parameters**, click **Preview** to view the report.

10.2.4.2 Information in the Insurance Coverage Report

The **Insurance Coverage Report** may include the following information for each patient matching the specified report parameters depending on the **Alternate Resources** selected:

- Patient name
- Chart Number
- Age
- Address
- Date of Last Update
- Home Phone
- Date of Birth
- Policy Number
- HICN Number or MBI Number
- Medicaid Number (State)
- Insurer
- Coverage Type (if available)

Figure 10-17 shows an example of a typical **Insurance Coverage Report** for **Medicare**.

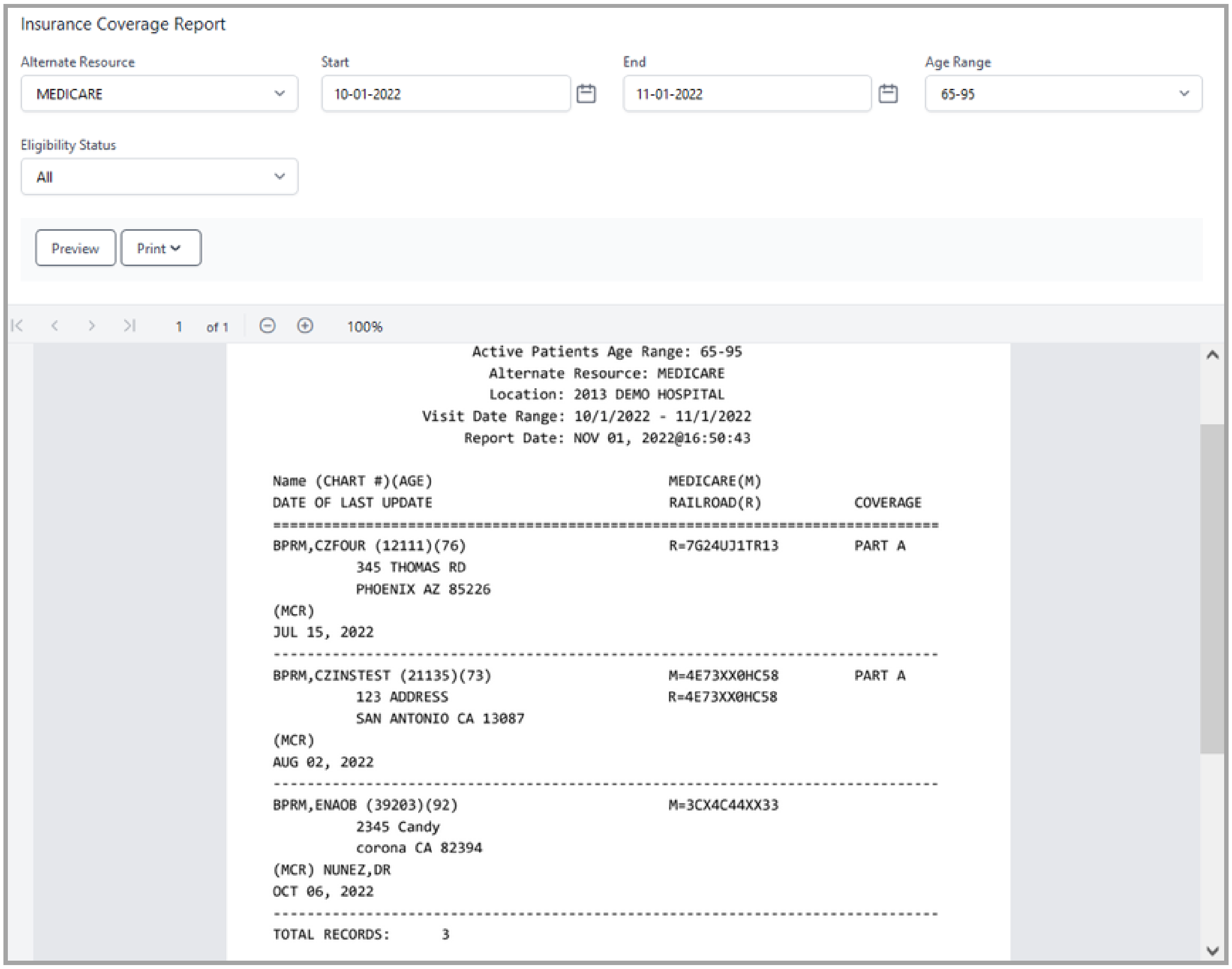


Figure 10-17: Insurance Coverage Report example

10.2.5 Prior Authorization Report

The **Prior Authorization Report** shows information about prior authorizations covering a selected time period.

10.2.5.1 Prior Authorization Report Parameters

The **Prior Authorization Report** has fields for these parameters:

- Start Date
- End Date
- Status
- Sort By

Figure 10-18 shows the parameters of the **Prior Authorization Report**.

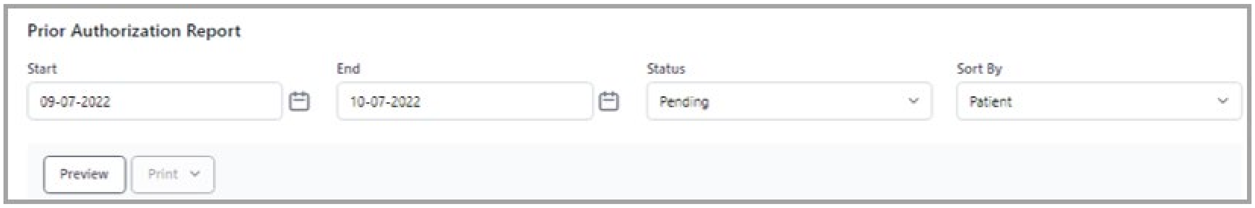


Figure 10-18: Prior Authorization Report parameters

The **Prior Authorization Report** requires a **Start Date** and **End Date** for the period of time the user wants reflected in the report. By default, the **Start Date** is set to Today-30 days and the **End Date** is set to the current day.

The **Status** field offers the following options:

- Pending
- Approved
- Denied
- ReSubmitted
- Refused
- Follow Up Needed
- Entered In Error
- Authorization Not Needed

The **Sort By** field offers the following options:

- Patient
- Encounter Date Asc (Ascending order)
- Encounter Date Desc (Descending order)

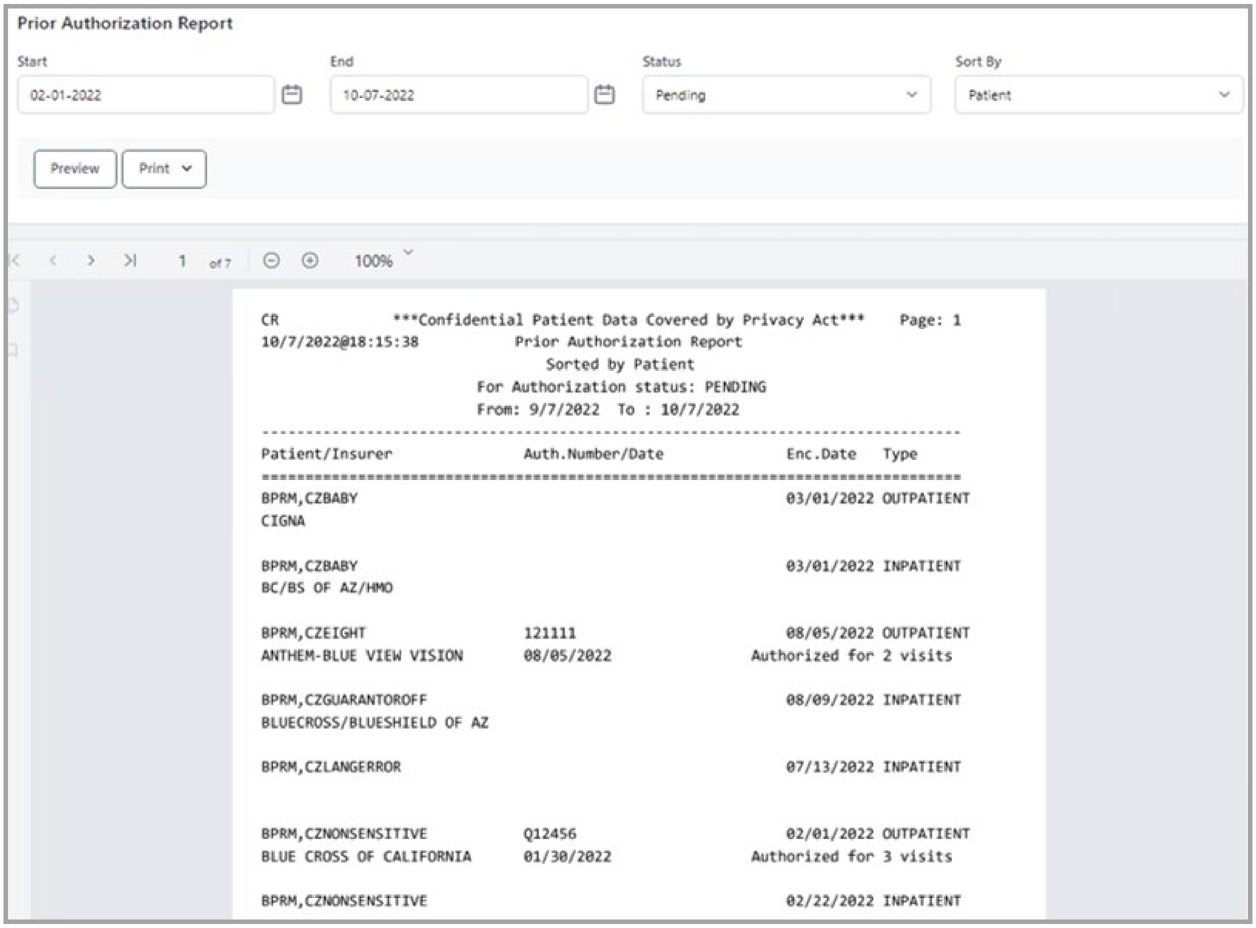
After selecting the appropriate **report parameters**, click **Preview** to view the report.

10.2.5.2 Information in the Prior Authorization Report

The **Prior Authorization Report** includes the following information for each patient matching the specified report parameters:

- Patient name
- Insurer
- Authorization Number
- Authorization Date
- Encounter Date
- Authorization Type
- Number of Authorized – Visits or Days

Figure 10-19 shows an example of a typical **Prior Authorization Report**.


Prior Authorization Report

Start: 02-01-2022 | End: 10-07-2022 | Status: Pending | Sort By: Patient

Preview | Print

1 of 7 | 100%

```
CR            ***Confidential Patient Data Covered by Privacy Act***    Page: 1
10/7/2022@18:15:38          Prior Authorization Report
                                Sorted by Patient
                        For Authorization status: PENDING
                        From: 9/7/2022  To : 10/7/2022
--------------------------------------------------------------------------------
Patient/Insurer              Auth.Number/Date              Enc.Date   Type
================================================================================
BPRM,CZBABY                                                03/01/2022 OUTPATIENT
CIGNA

BPRM,CZBABY                                                03/01/2022 INPATIENT
BC/BS OF AZ/HMO

BPRM,CZEIGHT                 121111                        08/05/2022 OUTPATIENT
ANTHEM-BLUE VIEW VISION      08/05/2022                Authorized for 2 visits

BPRM,CZGUARANTOROFF                                        08/09/2022 INPATIENT
BLUECROSS/BLUESHIELD OF AZ

BPRM,CZLANGERROR                                           07/13/2022 INPATIENT


BPRM,CZNONSENSITIVE          Q12456                        02/01/2022 OUTPATIENT
BLUE CROSS OF CALIFORNIA     01/30/2022                Authorized for 3 visits

BPRM,CZNONSENSITIVE                                        02/22/2022 INPATIENT
```

Figure 10-19: Prior Authorization Report example

Appendix A: Rules of Behavior

The Resource and Patient Management (RPMS) system is a United States Department of Health and Human Services (HHS), Indian Health Service (IHS) information system that is ***FOR OFFICIAL USE ONLY***. The RPMS system is subject to monitoring; therefore, no expectation of privacy shall be assumed. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

All users (Contractors and IHS Employees) of RPMS will be provided a copy of the Rules of Behavior (RoB) and must acknowledge that they have received and read them prior to being granted access to a RPMS system, in accordance IHS policy.

- For a listing of general ROB for all users, see the most recent edition of *IHS General User Security Handbook* (SOP 06-11a).
- For a listing of system administrators/managers rules, see the most recent edition of the *IHS Technical and Managerial Handbook* (SOP 06-11b).

Both documents are available at this IHS website: http://security.ihs.gov/.

The ROB listed in the following sections are specific to RPMS.

A.1 All RPMS Users

In addition to these rules, each application may include additional RoBs that may be defined within the documentation of that application (e.g., Dental, Pharmacy).

A.1.1 Access

RPMS users shall

- Only use data for which you have been granted authorization.
- Only give information to personnel who have access authority and have a need to know.
- Always verify a caller's identification and job purpose with your supervisor or the entity provided as employer before providing any type of information system access, sensitive information, or nonpublic agency information.
- Be aware that personal use of information resources is authorized on a limited basis within the provisions *Indian Health Manual* Part 8, "Information Resources Management," Chapter 6, "Limited Personal Use of Information Technology Resources."

RPMS users shall not

- Retrieve information for someone who does not have authority to access the information.

- Access, research, or change any user account, file, directory, table, or record not required to perform their *official* duties.
- Store sensitive files on a PC hard drive, or portable devices or media, if access to the PC or files cannot be physically or technically limited.
- Exceed their authorized access limits in RPMS by changing information or searching databases beyond the responsibilities of their jobs or by divulging information to anyone not authorized to know that information.

A.1.2 Information Accessibility

RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

RPMS users shall

- Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have specifically granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on the functions they perform, such as system administrator or application administrator.
- Acquire a written preauthorization in accordance with IHS policies and procedures prior to interconnection to or transferring data from RPMS.

A.1.3 Accountability

RPMS users shall

- Behave in an ethical, technically proficient, informed, and trustworthy manner.
- Log out of the system whenever they leave the vicinity of their personal computers (PCs).
- Be alert to threats and vulnerabilities in the security of the system.
- Report all security incidents to their local Information System Security Officer (ISSO)
- Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.
- Protect all sensitive data entrusted to them as part of their government employment.
- Abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior, and information technology (IT) information processes.

A.1.4 Confidentiality

RPMS users shall

- Be aware of the sensitivity of electronic and hard copy information and protect it accordingly.
- Store hard copy reports/storage media containing confidential information in a locked room or cabinet.
- Erase sensitive data on storage media prior to reusing or disposing of the media.
- Protect all RPMS terminals from public viewing at all times.
- Abide by all Health Insurance Portability and Accountability Act (HIPAA) regulations to ensure patient confidentiality.

RPMS users shall not

- Allow confidential information to remain on the PC screen when someone who is not authorized to that data is in the vicinity.
- Store sensitive files on a portable device or media without encrypting.

A.1.5 Integrity

RPMS users shall

- Protect their systems against viruses and similar malicious programs.
- Observe all software license agreements.
- Follow industry standard procedures for maintaining and managing RPMS hardware, operating system software, application software, and/or database software and database tables.
- Comply with all copyright regulations and license agreements associated with RPMS software.

RPMS users shall not

- Violate federal copyright laws.
- Install or use unauthorized software within the system libraries or folders.
- Use freeware, shareware, or public domain software on/with the system without their manager’s written permission and without scanning it for viruses first.

A.1.6 System Logon

RPMS users shall

- Have a unique User Identification/Account name and password.

- Be granted access based on authenticating the account name and password entered.
- Be locked out of an account after five successive failed login attempts within a specified time period (e.g., one hour).

A.1.7 Passwords

RPMS users shall

- Change passwords a minimum of every 90 days.
- Create passwords with a minimum of eight characters.
- If the system allows, use a combination of alpha-numeric characters for passwords, with at least one uppercase letter, one lower case letter, and one number. It is recommended, if possible, that a special character also be used in the password.
- Change vendor-supplied passwords immediately.
- Protect passwords by committing them to memory or store them in a safe place (do not store passwords in login scripts or batch files).
- Change passwords immediately if password has been seen, guessed, or otherwise compromised, and report the compromise or suspected compromise to their ISSO.
- Keep user identifications (IDs) and passwords confidential.

RPMS users shall not

- Use common words found in any dictionary as a password.
- Use obvious readable passwords or passwords that incorporate personal data elements (e.g., user’s name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes).
- Share passwords/IDs with anyone or accept the use of another’s password/ID, even if offered.
- Reuse passwords. A new password must contain no more than five characters per eight characters from the previous password.
- Post passwords.
- Keep a password list in an obvious place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.
- Give a password out over the phone.

A.1.8 Backups

RPMS users shall

- Plan for contingencies such as physical disasters, loss of processing, and disclosure of information by preparing alternate work strategies and system recovery mechanisms.
- Make backups of systems and files on a regular, defined basis.
- If possible, store backups away from the system in a secure environment.

A.1.9 Reporting

RPMS users shall

- Contact and inform their ISSO that they have identified an IT security incident and begin the reporting process by providing an IT Incident Reporting Form regarding this incident.
- Report security incidents as detailed in the *IHS Incident Handling Guide* (SOP 05-03).

RPMS users shall not

- Assume that someone else has already reported an incident. The risk of an incident going unreported far outweighs the possibility that an incident gets reported more than once.

A.1.10 Session Timeouts

RPMS system implements system-based timeouts that back users out of a prompt after no more than 5 minutes of inactivity.

RPMS users shall

- Utilize a screen saver with password protection set to suspend operations at no greater than 10 minutes of inactivity. This will prevent inappropriate access and viewing of any material displayed on the screen after some period of inactivity.

A.1.11 Hardware

RPMS users shall

- Avoid placing system equipment near obvious environmental hazards (e.g., water pipes).
- Keep an inventory of all system equipment.
- Keep records of maintenance/repairs performed on system equipment.

RPMS users shall not

- Eat or drink near system equipment.

A.1.12 Awareness

RPMS users shall

- Participate in organization-wide security training as required.
- Read and adhere to security information pertaining to system hardware and software.
- Take the annual information security awareness.
- Read all applicable RPMS manuals for the applications used in their jobs.

A.1.13 Remote Access

Each subscriber organization establishes its own policies for determining which employees may work at home or in other remote workplace locations. Any remote work arrangement should include policies that:

- Are in writing.
- Provide authentication of the remote user through the use of ID and password or other acceptable technical means.
- Outline the work requirements and the security safeguards and procedures the employee is expected to follow.
- Ensure adequate storage of files, removal, and nonrecovery of temporary files created in processing sensitive data, virus protection, and intrusion detection, and provide physical security for government equipment and sensitive data.
- Establish mechanisms to back up data created and/or stored at alternate work locations.

Remote RPMS users shall

- Remotely access RPMS through a virtual private network (VPN) whenever possible. Use of direct dial in access must be justified and approved in writing and its use secured in accordance with industry best practices or government procedures.

Remote RPMS users shall not

- Disable any encryption established for network, internet, and web browser communications.

A.2 RPMS Developers

RPMS developers shall

- Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.

- Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.
- Only access information or code within the namespaces for which they have been assigned as part of their duties.
- Remember that all RPMS code is the property of the U.S. Government, not the developer.
- Not access live production systems without obtaining appropriate written access and shall only retain that access for the shortest period possible to accomplish the task that requires the access.
- Observe separation of duties policies and procedures to the fullest extent possible.
- Document or comment all changes to any RPMS software at the time the change or update is made. Documentation shall include the programmer's initials, date of change, and reason for the change.
- Use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.
- Follow industry best standards for systems they are assigned to develop or maintain and abide by all Department and Agency policies and procedures.
- Document and implement security processes whenever available.

RPMS developers shall not

- Write any code that adversely impacts RPMS, such as backdoor access, "Easter eggs," time bombs, or any other malicious code or make inappropriate comments within the code, manuals, or help frames.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

A.3 Privileged Users

Personnel who have significant access to processes and data in RPMS, such as, system security administrators, systems administrators, and database administrators, have added responsibilities to ensure the secure operation of RPMS.

Privileged RPMS users shall

- Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.
- Ensure that government personnel and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.

- Advise the system owner on matters concerning information technology security.
- Assist the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.
- Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.
- Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need-to-know basis.
- Verify that users have received appropriate security training before allowing access to RPMS.
- Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.
- Document and investigate known or suspected security incidents or violations and report them to the ISSO, Chief Information Security Officer (CISO), and systems owner.
- Protect the supervisor, superuser, or system administrator passwords.
- Avoid instances where the same individual has responsibility for several functions (i.e., transaction entry and transaction approval).
- Watch for unscheduled, unusual, and unauthorized programs.
- Help train system users on the appropriate use and security of the system.
- Establish protective controls to ensure the accountability, integrity, confidentiality, and availability of the system.
- Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible from the time that the user is no longer authorized system. Passwords forgotten by their owner should be replaced, not reissued.
- Terminate user accounts when a user transfers or is terminated. If the user has authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel logon IDs and passwords and delete or reassign related active and backup files.
- Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.
- Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator's database.
- Shall follow industry best standards for systems they are assigned to and abide by all Department and Agency policies and procedures.

Privileged RPMS users shall not

- Access any files, records, systems, etc., that are not explicitly needed to perform their duties
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

Acronym List

Acronym	Term Meaning
ADT	Admission/Discharge/Transfer
AOB	Assignment of Benefits
APC	Ambulatory Patient Care
DOB	Date of Birth
EHR	Electronic Health Record
GUI	Graphical User Interface
HICN	Health Insurance Claim Number
HIPAA	Health Insurance Portability and Accountability Act
HRN	Health Record Number
IHS	Indian Health Service
MBI	Medicare Beneficiary Identifier
MSP	Medicare Secondary Payer
NPIRS	National Patient Information Resource System
NPP	Notice of Privacy Practices
PWH	Patient Wellness Handout
PCP	Primary Care Provider
PHR	Personal Health Record
QMB	Qualified Medical Beneficiary
RHI	Restricted Health Information
ROI	Release of Information
RPMS	Resource and Patient Management System
SLMB	Specific Low-Income Medical Beneficiary
SO/GI	Sexual Orientation/Gender Identity
SSA	Social Security Administration
SSN	Social Security Number
VA	Veterans Administration

Contact Information

If you have any questions or comments regarding this distribution, please contact the IHS IT Service Desk.

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