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1.0 Introduction

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

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

Note: This patch includes the AG Indian Health Service (IHS) Eligibility Letter changes which were previously released through ZAG v7.1 p11. This document includes the information provided with that release, combined with additional patch changes.

1.1 Certification Commission for Health Information Technology

CCHIT® is recognized by the National Institute of Standards and Technology as an Accredited Testing Laboratory and by the U.S. Department of Health and Human Services as an Authorized Certification Body (ONC-ACB) for certifying Electronic Health Records (EHR) to support Meaningful Use (MU).

MU is a new health initiative project assigned to the Office of the National Coordinator (ONC) and the Centers for Medicare and Medicaid Services (CMS). The ONC is creating criteria for what an EHR should be able to do. CMS is creating guidelines EHR uses in the health care system.

To achieve meaningful use, health care providers and hospitals must meet the following criteria created by the ONC and CMS: Enable a user to electronically record, modify, and retrieve patient demographic data including preferred language, race and ethnicity by eligible professionals, and for eligible hospitals also to include date and cause of death in the event of mortality. Measure: More than 80 percent of all unique patients seen by the Eligible Professional (EP) have demographics recorded as structured data.

1.2 Stage 2

CMS published a final rule that specifies the Stage 2 criteria that EPs, eligible hospitals, and critical access hospitals (CAH) must meet in order to continue to participate in the Medicare and Medicaid EHR Incentive Programs. All providers must achieve meaningful use under the Stage 1 criteria before moving to Stage 2.
Patient Registration v7.1 p11 has been released and contains several changes needed for the reporting of MU Stage 2 information. The patch includes the new fields shown below.

1.3 Core Measures

Record, change, and access demographics: sex, preferred language, race, ethnicity and date of birth and preliminary cause of death in the event of mortality in the eligible hospital or CAH. More than 80 percent of all unique patients seen have demographics recorded as structured data.

Preventive Care: Identify patients who should receive reminders for preventive care/follow-up care and send these patients reminders per patient preference. More than 10 percent of all unique patients who have had 2 or more office visits with 24 months before the beginning of the EHR reporting period were sent a reminder.

1.4 Summary of Changes

Patch 11 provides corrections and enhancements to v7.1 of the Patient Registration application. Patch 11 requires that all previous v7.1 patches are installed before it can be installed. Patches for v7.1 contain modifications to the following:

1. Addition of “unknown” as an option to indicate patient’s sex
2. Addition of “decline to answer” as an option in preferred language.
3. Added capability to enter multiple races and ethnicities
4. Addition of “do not notify” as an option in method of communication
5. Changed method of communication question to read “what is your preferred method of communication”
6. Changed M – Mail to L – Letter in the method of communication
7. New option to indicate if a patient has Patient Health Record (PHR) access
8. New option to indicate if a patient has received PHR handout
9. New field to capture Preliminary Cause of Death (inpatient setting only)
10. Affordable Care Act Eligibility Letter
2.0 Patch 11 Changes

2.1 Patient Sex Prompt in Add a NEW Patient

The user may select “UNKNOWN” as the patient’s sex in the case sex cannot be determined during registration or if the patient declines to answer. When the sex is determined, this can be changed in the registration edit option.

The face sheet will display “UNKNOWN”.

![Figure 2-1: Example of the new options to select for patient’s sex](image)

2.2 Patient Race Prompt in Add a NEW Patient

The user has the ability to select more than one race. The prompt will display as “SELECT RACE(S)”.

If multiple races have been selected, the face sheet will display “MULTIPLE RACES SPECIFIED”.

![Figure 2-2: Example of the face sheet displaying unknown](image)
2.3 Patient Sex Prompt in Registration Editor, Page 1

The user may select or change to “UNKNOWN” in the case sex cannot be determined during registration or if patient declines to answer.

If the user changes the sex from male or female, the user will be prompted with a message “You are attempting to change the patient sex to ‘unknown’, please confirm this is correct (Y/N)?” If YES, a warning message will display “Warning 054: Patient’s sex unknown”. If NO, no changes will occur.
18. OTHER PHONE : 918-555-5551

CHANGE which item? (1-18) NONE//: 5

SEX: MALE// UNK UNKNOWN
You are attempting to change the Patient SEX to 'UNKNOWN'.
Please confirm this is correct (Y/N)? N// Y

Figure 2-5: Example showing the change from MALE to UNKNOWN

2.4 Patient Race Prompt in Registration Editor, Page 10

The user has the ability to select more than one race. If multiple races are selected, Page 10 will display “MORE THAN ONE RACE” in the RACE field.

If only one race is specified, that race will display on page 10 and the face sheet.

If user needs to remove multiple races, the “@” delete can be used at each Race prompt.

Figure 2-6: Example of the new warning prompt
Other languages spoken: DECLINED TO ANSWER
4. Preferred Language....: DECLINED TO ANSWER (upd FEB 25, 2014)

5. Migrant Worker?.......: NO Type:                       (upd FEB 25, 2014)
6. Homeless?.............: NO Type:                          (upd FEB 25, 2014)

8. EMAIL ADDRESS.........: JOHNDOE@EMAIL.COM
9. GENERIC HEALTH PERMISSION:                                10. PREFERRED METHOD:

13. Number in Household:..
14. Total Household Income: /

***WARNING 053: Patient's RACE incomplete

CHANGE which item? (1-14) NONE//: 2
Select Race(s): ??
You may enter a new RACE INFORMATION, if you wish
Patient's race

Choose from:
AMERICAN INDIAN OR ALASKA NATIVE 3 1002-5
ASIAN A 2028-9
BLACK OR AFRICAN AMERICAN B 2054-5
DECLINED TO ANSWER D 0000-0
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER H 2076-8
UNKNOWN BY PATIENT U 2131-1
WHITE W 2106-3

Select Race(s): AMERICAN INDIAN OR ALASKA NATIVE 3 1002-5
Are you adding 'AMERICAN INDIAN OR ALASKA NATIVE' as
a new RACE INFORMATION (the 1ST for this VA PATIENT)? No// Y (Yes)
METHOD OF COLLECTION: SELF IDENTIFICATION//
Select Race(s): ASIAN A 2028-9
Are you adding 'ASIAN' as a new RACE INFORMATION (the 2ND for this VA PATIENT)?
No// Y (Yes)
METHOD OF COLLECTION: SELF IDENTIFICATION//

Figure 2-7: Example to enter multiple races
13. Number in Household...:
14. Total Household Income:  

CHANGE which item? (1-14) NONE://

Figure 2-8: Example display of “MORE THAN ONE RACE”

IHS REGISTRATION EDITOR  (page 10)                          2013 DEMO HOSPITAL
DEMO,JOHN DOE  (upd:FEB 25, 2014)                         HRN:T74874 DIRECT ONLY

Other Patient Data
1. Ethnicity.............: DECLINED TO ANSWER
2. Race..................: MORE THAN ONE RACE
3. Primary Language......: DECLINED TO ANSWER Interpreter required? NO
4. Preferred Language....: DECLINED TO ANSWER

5. Migrant Worker?.......: NO Type:                          (upd FEB 25,2014)
6. Homeless?.............: NO Type:                          (upd FEB 25,2014)

8. EMAIL ADDRESS.........: JOHNDOE@EMAIL.COM
13. Number in Household...:
14. Total Household Income:             /

CHANGE which item? (1-14) NONE//: 2
Select Race(s): ASIAN//
Choose from:
AMERICAN INDIAN OR ALASKA NATIVE
ASIAN

You may enter a new RACE INFORMATION, if you wish
Select from the available listing all races which best identify this patient
Inactive values are not selectable

Answer with RACE NAME, or ABBREVIATION
Do you want the entire RACE List? N (No)
Select Race(s): ASIAN// @
SURE YOU WANT TO DELETE THE ENTIRE Race(s)? Y (Yes)
Select Race(s): AMERICAN INDIAN OR ALASKA NATIVE//
RACE INFORMATION: AMERICAN INDIAN OR ALASKA NATIVE
//
METHOD OF COLLECTION: SELF IDENTIFICATION//

Figure 2-9: Example of removing a Race when multiple races are entered.
2.5 Preferred Language in Patient Editor, Page 10

Declined to Answer is a new option in the Preferred Language field.

If a patient declines to answer their preferred language, the user may select or change to “DECLINED TO ANSWER”.

The face sheet will display “DECLINED TO ANSWER”.

Figure 2-11: Example of Preferred Language and Other language fields if declined to answer is entered
2.6 Preferred Method of Communication

Changed preferred method question to read “What is your preferred method of communication?”

- Changed M – MAIL to L – LETTER
- New option D – DO NOT NOTIFY
2.7 New Menu Option for PHR Access

A new menu option created for PHR to collect information if a patient is accessing their PHR and a date when it has been accessed.

The menu option is locked with AGZPHROPT security key.

This option was created for users that do not have access to the registration editor and only need to update PHR access information.

Figure 2-4: Example showing the Update patient’s Personal Health Record Access option
2.8 PHR Access & PHR Handout

New fields for PHR have been added to the registration editor, page 10. PHR Access and PHR Handout have been added to provide the user the ability to document if a patient has access to their PHR or if they have received the PHR handout. The PHR handout provides information to the patient on how they can access their PHR.

Each field allows for multiple dates to be collected and a status of YES or NO.

PHR Access will ask for a date then ask the question, “Do you access your Personal Health Record?”

PHR Handout will ask for a date then ask the question, “Provided PHR handout?”
Addendum to User Manual Patch 11
September 2014

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Figure 2-6: Example of adding PHR Access

Figure 2-7: Example of adding a PHR Handout
2.9 Benefit Coordinator Screens

Two new options (O – OVER INCOME and S – SCREENING ONLY) have been added to the Overall Status of Application field on the Benefits Coordination, Page 5.

The Benefit Coordinator Productivity Report (BCP) has been updated to account for these new entries.
<table>
<thead>
<tr>
<th>APPLICATION</th>
<th>APPROVED</th>
<th>DENIED</th>
<th>RESUB</th>
<th>REFUSED</th>
<th>FOLLOWUP</th>
<th>ERR</th>
<th>PENDING</th>
<th>OVERINC</th>
<th>SCREEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST APPLICATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTALS**

1

Enter RETURN to continue or '^^' to exit:

---

*Figure 2-20: Example of the Benefit Coordinator Productivity Report*
3.0 AG IHS Eligibility Letter

3.1 Overview

In March 2010, President Obama signed comprehensive health reform, the Patient Protection and Affordable Care Act (ACA), into law. The law makes health care more accessible and affordable for many Americans. The ACA also requires that all non-exempt individuals must enroll in minimum essential (health benefits) coverage or pay the individual shared responsibility payment. However, patients who are members of federally recognized tribes are exempt from the payment, provided they file for an exemption with either the Marketplace or with the Internal Revenue Service.

In addition, individuals who are not members of a federally recognized Indian tribe, but who are eligible for services through an Indian health care provider, as defined in 42 CFR 447.50, or are eligible for services through the IHS in accordance with 25 U.S.C. 1680c(a), (b), or (d)(3), qualify for a hardship exemption. See 45 CFR 155.605(g)(6). These patients must apply for a hardship exemption and present documentation demonstrating such eligibility.

The IHS will assist patients in obtaining the hardship exemption by providing our patients with a letter acknowledging their eligibility for IHS services. The AG IHS Eligibility Letter is used to confirm a patient's eligibility for IHS services, print the letter proving eligibility, and later verify the legitimacy of the letter.

AG v7.1 p11 includes the capability to print the AG IHS Eligibility Letter. This letter may be printed for any person who seeks to document their eligibility for IHS services in order to support their application for a hardship exemption or related purpose as described above. Only patients who have been determined to be eligible for services from an Indian health care provider should receive the letter.

Due to the importance of this document, several mechanisms have been put in place to prevent forgeries and verify the authenticity of each letter. These range from automated patient eligibility checks to encrypted unique identifiers. Additionally, a log will be kept of each AG IHS Eligibility Letter printed along with key identifying information. The content of the AG IHS Eligibility Letters will be specific to a Facility, from the signing user to the generation of the encrypted identifiers.

Note: There can only be one person per Facility designated as author of the ACA IHS Eligibility Letter.
The AG IHS Eligibility Letter may be printed for any person who seeks to document their eligibility for IHS services in order to support their application for a hardship exemption or related purpose as described in Section 1.0 above. Only patients who have been determined to be eligible for services from an Indian health care provider should receive the letter.

Due to the importance of this document, several mechanisms have been put in place to prevent forgeries and verify the authenticity of each letter. These range from automated patient eligibility checks to encrypted unique identifiers. Additionally, a log will be kept of each AG IHS Eligibility Letter printed along with key identifying information. The content of the AG IHS Eligibility Letters will be specific to a Facility, from the signing user to the generation of the encrypted identifiers.

**Note:** There can only be one person per Facility designated as author of the AG IHS Eligibility Letter.

### 3.2 Printing an AG IHS Eligibility Letter

To print an AG IHS Eligibility Letter:

1. Log in to the correct division.

2. From the Patient Registration Main Menu, enter the Print IHS Eligibility Letter [AGACA PRINT] menu option:
As mentioned earlier in this document, only one user can be assigned the AGZACA SIGN security key. The output displayed by the AGACA PRINT option will show whether a user has been correctly assigned.

- If a single user has been correctly assigned the appropriate key to author the letter, the following output will be displayed:

```
PATIENT REGISTRATION
DEMO HOSPITAL
Print IHS Eligibility Letter

*** NOTE: IF YOU EDIT A PATIENT AND SEE THEIR NAME IN REVERSE VIDEO ***
*** WITH '(RHI)' BLINKING NEXT TO IT, IT MEANS THEY HAVE RESTRICTED ***
*** HEALTH INFORMATION ***

Printing of this letter is restricted to Individuals who are eligible for services through an Indian health care provider as defined in 42 CFR 447.50 or is eligible for services through the Indian Health Service in accordance with 25 USC 1680c(a), (b), or (d)(3).

Select PATIENT NAME:
```

- If no users have been assigned the appropriate key, this will be displayed:

```
PATIENT REGISTRATION
DEMO HOSPITAL
Print IHS Eligibility Letter

*** NOTE: IF YOU EDIT A PATIENT AND SEE THEIR NAME IN REVERSE VIDEO ***
*** WITH '(RHI)' BLINKING NEXT TO IT, IT MEANS THEY HAVE RESTRICTED ***
*** HEALTH INFORMATION ***

<AG SIGN SECURITY KEY NOT ASSIGNED>
Press Enter to continue.:
```

- If more than one user has been assigned the appropriate key, this will be displayed:

```
PATIENT REGISTRATION
DEMO HOSPITAL
Print IHS Eligibility Letter

*** NOTE: IF YOU EDIT A PATIENT AND SEE THEIR NAME IN REVERSE VIDEO ***
*** WITH '(RHI)' BLINKING NEXT TO IT, IT MEANS THEY HAVE RESTRICTED ***
*** HEALTH INFORMATION ***

Printing of this letter is restricted to Individuals who are eligible for services through an Indian health care provider as defined in 42 CFR 447.50 or is eligible for services through the Indian Health Service in accordance with 25 USC 1680c(a), (b), or (d)(3).
services through an Indian health care provider as defined in 42 CFR 447.50 or is eligible for services through the Indian Health Service in accordance with 25 USC 1680c(a), (b), or (d)(3).

<AG SIGN SECURITY KEY ASSIGNED TO MORE THAN ONE USER>
Press Enter to continue.

3. After verifying a user has been assigned the AGZACA SIGN security key, enter and select the patient's name at the “Select PATIENT NAME” prompt.

| Select PATIENT NAME: DEMO, PATIENT ONE | M 01-01-1980 XXX-XX-9991 DH 9991 |

The output displayed will indicate whether the patient is eligible to receive the AG IHS Eligibility Letter:

- If the patient is an Indian/Alaska Native and receives Direct Only/CHS or Direct Only benefits, the following output will be displayed:

| Select PATIENT NAME: DEMO, PATIENT ONE | M 01-01-1980 XXX-XX-9991 DH 9991 |

- If the patient is not an Indian/Alaska Native, but still receives Direct Only/CHS or Direct Only benefits (such as Pregnant with Native American Child, or Adoptee), the following output will be displayed:

| Select PATIENT NAME: DEMO, PATIENT TWO | F 01-01-1980 XXX-XX-9992 DH 9992 |

>>> Warning the patient you have selected is a NON-INDIAN BENEFICIARY, but listed as eligible for services.
>>> Are you sure you want to continue to print?
PROCEED TO PRINT LETTER ANYWAY (Y/N)? NO//
Press Enter to continue.

- If the patient is not an Indian/Alaska Native, and Ineligible/Pending benefits, the following output will be displayed:

| Select PATIENT NAME: DEMO, PATIENT THREE | M 01-01-1980 XXX-XX-9993 DH 9993 |

>>> Warning the patient you have selected is not eligible based on the following information:
CLASSIFICATION/BENEFICIARY : NON-INDIAN (FEE CHARGED)
ELIGIBILITY STATUS : INELIGIBLE

Press Enter to continue.

4. Print to the designated printer.
Note: Be sure to select the printer designated for printing on IHS/Facility letterhead. Additionally, do not print the letter to your Home Device (computer screen), as this will be logged as a printed letter.

The following example shows the typical output sent to the designated printer:

Select PATIENT NAME: DEMOPATIENT ONE
M 01-01-1980 XXX-XX-9991 DH 9991
Press Enter to continue:
DEVICE: HOME// VT Right Margin: 80//

<Date>
RE: <First Middle Last Name>
<Address line 1>
<Address line 2>
Dear Federal or State Marketplace,

We have received a request to verify eligibility for Indian Health Service (IHS) coverage for <First Middle Last Name>.

Upon review of our local facility data, we confirm that this individual is an Indian eligible for services through an Indian health care provider as defined by 42 CFR 447.50 or is eligible for services through the Indian Health Service in accordance with 25 USC 1680c(a), (b), or (d)(3). Eligibility for such services under 42 CFR Part 136 has been verified at the <Facility Name> within the Indian Health Service <Area Prefix/Region> Area.

If you have any questions, please contact us at: <Facility Phone Number>

Sincerely,

<Signing User, Title>
<Facility Name>
<Area Prefix/Region> Area

UNIQUE IDENTIFIERS:
DOB: <Date of Birth>
SSN: <Last 4 of SSN>
<Unique Identifier>
3.3 Verifying an AG IHS Eligibility Letter

After the patient has delivered the AG IHS Eligibility Letter to the appropriate Federal or State Marketplace, you may be contacted to verify the authenticity of the letter. This is done with the AGACA VERIFY menu option.

To verify an AG IHS Eligibility Letter:

1. Log in to the correct division.

2. From the Patient Registration Main Menu, enter the Verify IHS Eligibility Letter [AGACA VERIFY] secondary menu option:

3. Enter the unique identifier code given to you by the representative of the entity requesting verification:

**NOTE: The codes printed on the IHS Eligibility Letters are unique to **
** a facility and can only be verified at the site it was printed from. **

**ENTER THE UNIQUE IDENTIFIER CODE (MINIMUM 21 DIGITS):**

4. After entering the unique identifier code at the prompt, the results of the verification are displayed in three columns:

```
<table>
<thead>
<tr>
<th>LETTER</th>
<th>RPMS</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>22</td>
<td>PASSED</td>
</tr>
<tr>
<td>ADM,S</td>
<td>ADMIN,SYSTEM</td>
<td>PASSED</td>
</tr>
<tr>
<td>Sep 24, 2013</td>
<td>Sep 24, 2013@09:34:11</td>
<td>PASSED</td>
</tr>
<tr>
<td>DEM,P</td>
<td>DEMO,PATIENT ONE</td>
<td>PASSED</td>
</tr>
<tr>
<td>Jan 01, 1980</td>
<td>Jan 01, 1980</td>
<td>PASSED</td>
</tr>
<tr>
<td>XXX-XX-9991</td>
<td>XXX-XX-9991</td>
<td>PASSED</td>
</tr>
</tbody>
</table>
```

Press Enter to continue.

The three columns show the following information:

- **LETTER** – This column shows the information extracted from the AG IHS Eligibility Letter and used to create the unique identifier code.

- **RPMS** – This column shows the corresponding RPMS data used to compare with the information from the letter.

- **RESULTS** – This column shows whether the verification of that field passed or failed.

Any fields marked as FAILED will require manual verification.

- This example shows a case where the user at the facility has had a name change since the AG IHS Eligibility Letter was printed:

```
<table>
<thead>
<tr>
<th>LETTER</th>
<th>RPMS</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>22</td>
<td>PASSED</td>
</tr>
<tr>
<td>ADM,S</td>
<td>ADMIN,LOCAL</td>
<td>FAILED ***</td>
</tr>
<tr>
<td>Sep 24, 2013</td>
<td>Sep 24, 2013@09:34:11</td>
<td>PASSED</td>
</tr>
<tr>
<td>DEM,P</td>
<td>DEMO,PATIENT ONE</td>
<td>PASSED</td>
</tr>
<tr>
<td>Jan 01, 1980</td>
<td>Jan 01, 1980</td>
<td>PASSED</td>
</tr>
<tr>
<td>XXX-XX-9991</td>
<td>XXX-XX-9991</td>
<td>PASSED</td>
</tr>
</tbody>
</table>
```

Press Enter to continue.

- This example shows a case where the patient information on the letter does not match that stored in RPMS:

```
<table>
<thead>
<tr>
<th>LETTER</th>
<th>RPMS</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>22</td>
<td>PASSED</td>
</tr>
<tr>
<td>ADM,S</td>
<td>ADMIN,PATIENT ONE</td>
<td>FAILED</td>
</tr>
<tr>
<td>Sep 24, 2013</td>
<td>Sep 24, 2013@09:34:11</td>
<td>PASSED</td>
</tr>
<tr>
<td>DEM,P</td>
<td>DEMO,PATIENT ONE</td>
<td>PASSED</td>
</tr>
<tr>
<td>Jan 01, 1980</td>
<td>Jan 01, 1980</td>
<td>PASSED</td>
</tr>
<tr>
<td>XXX-XX-9991</td>
<td>XXX-XX-9991</td>
<td>PASSED</td>
</tr>
</tbody>
</table>
```

Press Enter to continue.
This example shows a case where the record number on the letter does not match a letter printed at this facility:

ENTER THE UNIQUE IDENTIFIER CODE (MINIMUM 21 DIGITS):
7UG086QXK26TW2772QJX387

<table>
<thead>
<tr>
<th>LETTER</th>
<th>RPMS</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECORD NUMBER:</td>
<td>100</td>
<td>0</td>
</tr>
</tbody>
</table>

Press Enter to continue.
Glossary

Affordable Care Act
The Patient Protection and Affordable Care Act (ACA) provides more accessible and affordable health care for many Americans. The ACA also requires that all non-exempt individuals must enroll in minimum essential (health benefits) coverage or pay the individual shared responsibility payment.

Database
One or more large structured sets of persistent data, usually associated with software to update and query the data.

Meaningful Use
A new health initiative project assigned to the ONC and CMS. The ONC is creating criteria for what an EHR should be able to do. CMS is creating guidelines EHR uses in the health care system.

Menu
A list of choices for computing activity. A menu is a type of option designed to identify a series of items (other options) for presentation to the user for selection.

RPMS
Resource and Patient Management System. A suite of software applications used at IHS facilities to support administrative, clerical, and clinical functions.
## Acronym List

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA</td>
<td>Affordable Care Act</td>
</tr>
<tr>
<td>ACB</td>
<td>Authorized Certification Body</td>
</tr>
<tr>
<td>CAH</td>
<td>Critical Access Hospital</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare and Medicaid Services</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
</tr>
<tr>
<td>EP</td>
<td>Eligible Professionals</td>
</tr>
<tr>
<td>IHS</td>
<td>Indian Health Service</td>
</tr>
<tr>
<td>MU</td>
<td>Meaningful Use</td>
</tr>
<tr>
<td>ONC</td>
<td>Office of the National Coordinator</td>
</tr>
<tr>
<td>PHR</td>
<td>Patient Health Record</td>
</tr>
<tr>
<td>RPMS</td>
<td>Resource and Patient Management System</td>
</tr>
</tbody>
</table>
Contact Information

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

**Phone:**  (888) 830-7280 (toll free)

**Web:**  [http://www.ihs.gov/helpdesk/](http://www.ihs.gov/helpdesk/)

**Email:**  support@ihs.gov