



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Practice Management Application Suite

(BMW)

Patient Registration Module User Manual

Version 1.0 Patch 1
May 2013

Office of Information Technology (OIT)
Division of Information Resource Management
Albuquerque, New Mexico

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Preface

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

BMW provides for the entry of new patients and editing the records of those already registered at a medical facility. The patient data managed with BMW 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.

1.0 Introduction

The Practice Management Application Suite (BMW) represents a forward step in the streamlining of IHS record and patient management. Through the use of a consistent GUI and module-based architecture, it 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 BMW 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 and Prior Authorizations modules. A separate User Manual gives an overview of the BMW application suite, and individual User Manuals are available for the other modules in the suite.

2.0 System Navigation

The Practice Management Application Suite (BMW) provides access to a vast array of RPMS information. Entering and accessing that information is done through a consistent interface, primarily the Application Toolbar, the Taskbar, and the Workspace. Refer to the *BMW Application Overview User Manual* for information about using the BMW interface.

3.0 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 BMW.

3.1 Registering a New Patient

To register a new patient, click **Register Patient** (Figure 3-1) in the Application toolbar.

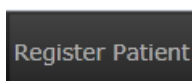


Figure 3-1: **Register Patient** button

This displays the **Register New Patient** form (Figure 3-2).

Figure 3-2: **Register New Patient** form

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

- **Last Name**
- **First Name**
- **Middle Name**
- **Suffix**

- **Social Security Number**
- **Reason for No SSN**
- **Health Record Number**
- **Facility/Division**
- **Date of Birth**
- **Sex**
- **Marital Status**
- **Race**
- **Ethnicity**
- **Ethnicity Collection Method**
- **Primary Language**
- **Location of Home**
- **Classification/Beneficiary**
- **Eligibility Status**
- **Indian Blood Quantum**
- **Tribal Membership**
- **Tribe Quantum**
- **Tribal Enrollment Number**
- **Street Address**
- **City**
- **State**
- **Zip Code**
- **Present Residence Community**
- **Date Moved**
- **Home Phone**
- **Work Phone**
- **Place of Birth [City]**
- **Place of Birth [State]**

Any fields containing required information are marked as such. If a required field is left incomplete or blank, it is highlighted with a red outline. You will be unable to save the patient record if you do not include all of the required information.

Once the patient information has been entered, click **Save** to complete the registration. The Save button will not be available until all of the required fields are completed.

If you do not want to save the information you have entered, click **Cancel** to exit the **Register New Patient** form. A warning will be displayed informing you that the screen has unsaved changes. Click **OK** to exit or click **Cancel** to return to the form.

If the Health Record Number (HRN) entered is a duplicate of an existing HRN, a warning message is displayed and the registration cannot be saved until a non-duplicate HRN is entered.

If necessary, you can enter a temporary HRN. To do so, enter the letter "T" along with five numeric digits, i.e., T54321.

When the patient's name or Social Security Number is entered into the fields, the system searches the database to verify it is not a duplicate. If a duplicate is found, a new screen is displayed listing any duplicate patients. In this new screen, select the existing patient and click **Select Patient** in the lower right corner of the page to open the previously-registered patient's record. Click **Ignore** or **Change** to return to the new patient record to continue with data entry or to change the SSN.

After you have successfully completed and saved the form, the new patient record (Figure 3-3) is displayed.

Profile		Benefits		Appointments		Warnings		Print Facesheet	
DOUGHERTY XXX-XX-3456 35/951 07/06/1957 MALE		Demographics Family Tribal Names & HRN Document Summary Legal Documents Veteran Migrant/Homeless Notes* Errors/Warnings							
MISHRAKATHY XXX-XX-1234 99999 01/01/1871 FEMALE		Personal Detail Change Personal Detail Languages							
JOHNSON,TANYA A XXX-XX-8486 33697 03/19/1974 FEMALE		Race: AMERICAN INDIAN OR ALASKA NATIVE Classification/Beneficiary: INDIAN/ALASKA NATIVE Primary Language: ENGLISH Employment: BOBS MINI MART, FULL-TIME Religious Preference: OTHER Place of Birth: JACONA, NEW MEXICO Ethnicity: NOT HISPANIC OR LATINO , OBSERVER English Proficiency: WELL							
		Address View History Change Address Internet Access							
		RT, 1 BOX A NAMBE, NEW MEXICO, 87501 Home Phone: 555-121-2121 Work Phone: 555-212-1212 Other Phone: E-mail: JOHN.DOE@GMAIL.COM Send Generic Info: NO Present Community: NAMBE since 7/4/1989 Internet Access: NO Location of Home: NAMBE							
		Emergency Contact Change Emergency Contact							
		DOE,JANE RT, 1 BOX A NAMBE, NEW MEXICO, 87501 Relationship: WIFE Phone Number: 555-123-4567 Work Phone: 555-987-6543							

Figure 3-3: Patient Record example

Note: Standard practice mandates that a facesheet be printed for each patient at the time of registration or edit. The facesheet should then be filed in the patient's chart so that if the clinic staff needs to contact the patient, the most current information and alternate resource information is available. Click **Print Facesheet** in the upper right part of the patient record to print the facesheet.

3.2 Patient Header

The Patient Header (Figure 3-4) is displayed at the top of the patient record, regardless of the other information shown lower on the screen.

JOHNSON,TANYA A	SSN XXX-XX-8486 Show	Eligibility Status CHS & DIRECT	RHI YES
03/19/1974 (38y) FEMALE	HRN 336971	Active Insurance YES	Sensitive NO
	Last Updated 8/8/2012 (ADMIN,SY)	PCP PAINTER,AMBER N	Veteran YES

Figure 3-4: Patient Header example

The Patient Header provides basic demographic information for the currently-selected patient. It includes this information:

- Patient Name
- Patient Record Flag (when present)
- Date of Birth
- Age
- Sex
- SSN
- HRN
- Last Updated timestamp and by whom
- Eligibility Status
- PCP (name of Primary Care Provider)
- Yes/No indicators for these criteria:
 - Active Insurance
 - RHI (Restricted Health Information)
 - Sensitive (Sensitive Patient Tracking)
 - Veteran Status

The **SSN** field displays only the last four digits of the patient's SSN in compliance with the Privacy Act. If you have the appropriate security key access, you can click **SHOW/HIDE** next to the **SSN** to display the entire number.

3.2.1 Patient Record Flag

When present, the Patient Record Flag is displayed beside the patient's name in the Patient Header. Figure 3-5 shows an example of a patient name with a patient record flag.

DEMO,CAROL 
02/22/1991 (21y) FEMALE

Figure 3-5: Patient name with Patient Record Flag

To view an active Patient Record Flag, hover your mouse cursor over the flag icon to see information about the flag. Figure 3-6 shows an example of the information shown for a typical Patient Record Flag.

Flag	Site	Review Date
HIGH RISK OB	DEMO HOSPITAL	12/23/2008
Patient is at high risk for HTN.		

Figure 3-6: Patient Record Flag information example

3.3 Viewing/Editing an Existing Patient Record

You can view and edit a broad range of information within a patient record.

To open an existing patient record, use the Search box (Figure 3-7) in the Application Toolbar. You can search for a patient based on their name (LAST NAME,FIRST NAME,MIDDLE NAME), their exact Health Record Number (HRN), date of birth (in the form BMMDDYYYY or MM-DD-YYYY), or Social Security Number (SSN).



Figure 3-7: Patient Search box

Typing any one (or a combination) of these search criteria into the Search box causes a list of search results to be displayed. 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 is displayed, this indicates the patient is not registered at the selected facility. See Section 3.4 for information about moving a patient to a new facility or division.

The Patient Record is comprised of several key components. These include the Patient Header, the Profile, Benefits, and Appointment tabs, the Patient Record Pane, and the Workspace. The Profile and Benefits tabs also contain additional pages of information, which provide access to additional information within the patient record. These additional pages are accessible via secondary tabs at the top of the Workspace. All of these additional components are described in detail later in this manual.

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

3.4 Moving a Patient to a New Facility or Division

Regardless of the facility or division where a patient was initially registered, that patient's information (such as demographics, benefits and appointments) can be viewed from other facilities or divisions. However, this information can only be edited when you are viewing the patient record from a facility or division where the patient is registered.

BMW simplifies the task of moving a patient from one facility to another. Follow these steps to move the patient:

1. Use the Division Selection list button on the right side of the Application Toolbar to select the medical facility to where the patient is to be moved.
2. Open the patient's record as described in Section 3.3. The patient's record will be displayed, but the information shown cannot yet be edited.
3. Open the **Names & HRN** page of the **Profile** tab and click the **Health Record Number** button on the right side of the page.
4. In the page displayed, use the **Health Record Number** field to enter the HRN assigned to the patient for the new facility or division.
5. Optionally, use the **Record Disposition** list box to choose a reason for the change:
 - Reactivated
 - No Active Chart
 - Sent to Archives
 - Inactive Record (on file here)
 - Registered in Error
 - New Chart

Note: With the exception of the **Reactivated** and **New Chart** options, using any of these options will set the patient's record to Inactivated. An inactive patient record is not erased from the database. To reactivate a patient file, select the **Reactivated** option from the list.

6. Click **Save** when done to update the patient's record and assign it to the selected facility or division.

4.0 Profile Tab

The **Profile** tab (Figure 4-1) and the separate tabs within it contain a wide range of information about the patient. It is also the default display when you open a new or existing patient record.



Figure 4-1: **Profile** Tab

The **Profile** tab includes these sections, all of which are accessible via tabs at the top of the Workspace:

- **Demographics** tab
- **Family** tab
- **Tribal** tab
- **Names & HRN** tab
- **Document Summary** tab
- **Legal Documents** tab
- **Veteran** tab
- **Migrant/Homeless** tab
- **Notes** tab
- **Errors/Warnings** tab

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

4.1 Demographics Tab

The **Demographics** tab (Figure 4-2) within the **Profile** tab is separated into sections containing personal details, address information, and emergency contact information about the current patient. Any of the information in these sections can be edited by clicking the associated buttons on the right side of each section.

Profile	Benefits	Appointments	Warnings 2	Print Facesheet																					
Demographics	Family	Tribal	Names & HRN	Document Summary																					
	Legal Documents	Veteran	Migrant/Homeless	Notes*																					
	Errors/Warnings																								
Personal Detail Change Personal Detail Languages <table> <tr> <td>Race</td> <td>AMERICAN INDIAN OR ALASKA NATIVE</td> <td>Employment</td> <td>BOBS MINI MART, FULL-TIME</td> </tr> <tr> <td>Classification/Beneficiary</td> <td>INDIAN/ALASKA NATIVE</td> <td>Religious Preference</td> <td>OTHER</td> </tr> <tr> <td>Primary Language</td> <td>ENGLISH</td> <td>Place of Birth</td> <td>JACONA, NEW MEXICO</td> </tr> <tr> <td>English Proficiency</td> <td>WELL</td> <td>Ethnicity</td> <td>NOT HISPANIC OR LATINO , OBSERVER</td> </tr> </table>					Race	AMERICAN INDIAN OR ALASKA NATIVE	Employment	BOBS MINI MART, FULL-TIME	Classification/Beneficiary	INDIAN/ALASKA NATIVE	Religious Preference	OTHER	Primary Language	ENGLISH	Place of Birth	JACONA, NEW MEXICO	English Proficiency	WELL	Ethnicity	NOT HISPANIC OR LATINO , OBSERVER					
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Classification/Beneficiary	INDIAN/ALASKA NATIVE	Religious Preference	OTHER																						
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RT. 1 BOX A	Home Phone	555-121-2121																							
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Internet Access	NO	JOHN.DOE@GMAIL.COM																							
Location of Home	NAMBE	Send Generic Info																							
		NO																							
Emergency Contact Change Emergency Contact <table> <tr> <td>DOE, JANE</td> <td>Relationship</td> <td>WIFE</td> </tr> <tr> <td>RT. 1 BOX A</td> <td>Phone Number</td> <td>555-123-4567</td> </tr> <tr> <td>NAMBE, NEW MEXICO, 87501</td> <td>Work Phone</td> <td>555-987-6543</td> </tr> </table>					DOE, JANE	Relationship	WIFE	RT. 1 BOX A	Phone Number	555-123-4567	NAMBE, NEW MEXICO, 87501	Work Phone	555-987-6543												
DOE, JANE	Relationship	WIFE																							
RT. 1 BOX A	Phone Number	555-123-4567																							
NAMBE, NEW MEXICO, 87501	Work Phone	555-987-6543																							

Figure 4-2: **Demographics** tab example

4.1.1 Personal Detail

The **Personal Detail** section of the **Demographics** tab shows this information:

- **Race**
- **Classification/Beneficiary**
- **Primary Language**
- **Preferred Language** (if applicable)
- **English Proficiency** (if applicable)
- **Employment** (employer name and status if available)
- **Religious Preference**
- **Place of Birth**
- **Ethnicity and collection method**

4.1.1.1 Personal Detail Form

Click **Personal Detail** on the right of the **Demographics** tab to change or view the following details. The required fields are labeled and will be highlighted with a red outline if incomplete.

- **Social Security Number.** This field displays the last four digits of the patient's SSN. If you have the appropriate security access key, the full SSN will be displayed when the field is selected. If this field is empty, the **Reason for No SSN** field must be populated.

- **Reason for No SSN.** Use this field when the Social Security Number field is empty. Click within the field then choose one of the options shown on the list to populate this field.
- **SSN Verification Status.** This view-only field shows whether the SSN has been verified and if so, the agency that verified it.
- **Date of Birth.** This 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.
- **Sex.** Use this field to specify the patient's gender. Click within the field then select either **Male** or **Female**.
- **Marital Status.** Use this field to specify the patient's marital status. Click within the field then choose one of the options shown.
- **Place of Birth (City).** Use this field to specify the city where the patient was born. This field allows alphanumeric characters.
- **Place of Birth (State).** Use this field to specify the state where the patient was born. Click within the field then choose from the options on the list displayed. The list includes the 50 United States, the US territories, Canadian provinces, and several other countries outside the United States. As a shortcut, you can type the first few letters of the state name then select the state from the list shown.
- **Employment Status.** Use this field to specify the patient's employment status. Click within the field then choose one of the options shown on the list.
- **Employer.** Use this field to specify the patient's employer. To search, click within the field and type one or more of the letters contained in the employer's name to display a list of search results. Click on a name to populate the field. If the employer's name is not found, it can be added via the Settings module. See Section 9.3 for more information about adding an employer.
- **Race.** Use this field to specify the patient's race. Click within the field then choose one of the options shown on the list.
- **Religious Preference.** Use this field to specify the patient's religious preference. Click within the field then choose one of the options shown on the list.
- **Classification/Beneficiary.** Use this field to specify the patient's classification or beneficiary. Click within the field then choose one of the options shown on the list.
- **Ethnicity.** User this field to enter the patient's ethnicity. Click within the field then choose one of the options shown on the list.
- **Ethnicity Collection Method.** User this field to enter the method used to determine the patient's ethnicity. Click within the field then choose one of the options shown on the list.

- **Eligibility Status.** Use this field to specify the patient's eligibility status. Click within the field then choose one of the options shown on the list. This status indicates the eligibility for care at an IHS facility.
- **Eligibility Reasons.** Use this list to specify the reasons for the patient's eligibility. The list of available reasons will depend on the patient's eligibility status. Select one or more reasons from the list shown. Use the scroll bar next to the list to view all of the options. See Section 9.1 for more information about adding Eligibility Modifiers.

4.1.1.2 Languages Form

Click **Languages** on the right of the **Demographics** tab to change or view the following details. The required fields are labeled and will be highlighted with a red outline if incomplete:

- **Primary Language.** Use this field to specify the patient's primary language. To search for a language, click within 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.
- **Preferred Language.** Use this field to specify the patient's preferred language. As with the primary language field, click within 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.
- **English Proficiency.** Click within the field then choose from the options on the list to describe the English proficiency of the patient. If the patient's primary language is not English, this field is required.
- **Interpreter Required.** Click within 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 Languages Spoken Section.** The Other Languages Spoken section contains a list of other languages the patient speaks or uses. To search for a language, click within 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 and click **Add**. Languages can be removed from the list by clicking **Remove** beside the name.

Note that if English is not the Primary Language or Preferred Language, the Other Languages Spoken field must contain the one of the languages noted in those fields.

4.1.2 Address

The **Address** section of the **Demographics** tab shows this information:

- **Street Address**, including city, state, and ZIP code
- **Present Community**
- **Internet Access**
- **Location of Home**
- **Home, Work, and Other phone numbers**
- **E-mail Address**
- **Send Generic Info and Preferred Reminder Method**

Click **View History** at the top of the **Address** section to see a listing of any previous addresses and communities that have been entered into the system for the selected patient.

Click **Address** on the right of the **Demographics** tab to change or view these details:

- **Street Address** (Line 1, Line 2, Line 3). Use these fields to specify the patient's street address. These three free text fields allow 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 within the field then choose from the options on the list displayed. The list includes the 50 United States, the US territories, Canadian provinces, and several other countries outside the United States. As a shortcut, you can type the first few letters of the state name then select the state from the list shown.
- **Zip Code**. When applicable, use this field to specify the Zip code where the patient's street address is located. If used, this field must contain five digits.
- **Location of Home**. Use this free-text field to add a narrative describing how to get to the patient's home.
- **Present Residence Community**. This field displays the community where the patient currently resides. To search for a community, click within the field and type one or more of the letters contained in the community name to display a list of search results. Click a community name to add it to the field.
- **Since**. This field displays the date the patient moved to the current location. Manually enter the date using any of the accepted date formats or click the calendar icon to select the date from a calendar view.
- **Phone** (Home, Work, and Other). Use these three fields to enter the patient's home, work, and other phone numbers. Each is a free text field that accepts numeric digits. Be sure to include the area code.
- **Send Generic Information**. Select this option to indicate whether the patient would like to receive generic information.

- **Preferred Reminder Method.** This field indicates how the patient would like to be contacted to receive reminders. Click within the field then choose from the options shown on the list to indicate the patient's preferred method for receiving reminders.

Click **Internet Access** on the right of the **Demographics** tab to change or view these details:

- **Has Internet Access.** Select **Yes** within this list box to indicate that the patient has Internet access. Select **No** if the patient does not have Internet access.
- **Internet Access Locations.** Select any combination of these check boxes to indicate the locations where the patient has access to the Internet.
- **E-mail Address.** Use this free-text field to enter the patient's e-mail address.

4.1.3 Emergency Contact

The **Emergency Contact** section of the **Demographics** tab contains contact information to be used in case of a patient emergency. It shows this information:

- **Name and Address** (of contact person)
- **Relationship**
- **Home Phone**
- **Work Phone**

Click **Emergency Contact** on the right of the **Demographics** tab to change or view these details:

- **Name.** Use this field to enter the name of the emergency contact person, using the LAST, FIRST name format. Most often, this is the patient's spouse, parent, or grown child.
- **Relationship.** Click within the field then choose from the options on the list displayed to indicate the emergency contact person's relationship to the patient. If no relationship is found from the list, select **Other**.
- **Street Address.** 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 within the field then choose from the options on the list displayed. The list includes the 50 United States, the US territories, Canadian provinces, and several other countries outside the United States. As a shortcut, you can type the first few letters of the state name then select the state from the list shown.

- **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 must contain five digits.
- **Phone Number.** Use this field to enter the emergency contact person's home phone number. This is a free text field that accepts numeric digits. Be sure to include the area code. 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. This is a free text field that accepts numeric digits. Be sure to include the area code. The number entered into this field should be verified as correct.

To copy the patient's Street Address, City, State, Zip code and Phone fields to the **Emergency Contact** information form, click **Patient's Address** on the right side of the page.

Similarly, to copy the Next of Kin's information to the **Emergency Contact** information form, click **Next of Kin** in the upper right corner of the page. The Next of Kin information on the **Family** tab of the **Profile** tab must be entered before this will have any effect. See Section 4.2.2 for more information about the Next of Kin section of the **Family** tab within the **Profile** tab.

4.2 Family Tab

The **Family** tab (Figure 4-3) within the **Profile** tab is separated into two sections containing detailed information about the patient's family and next of kin. Any of the information in these two sections can be edited by clicking the associated buttons on the right side of the page.

Family Information	
Father's Name	DOE,JAMES
Father's Birthplace	PACOIMA,CALIFORNIA
Father's Phone	555-654-7894
Father's Other Phone	
Father's E-mail	JIMMYDOE@GMAIL.COM
Father's Employer Name	ROCKETDYNE
Spouse's Employer Name	WIDGETS-R-US
Number In Household	1
Mother's Maiden Name	SMITH,SALLY
Mother's Birthplace	ZUZAX,NEW MEXICO
Mother's Phone	555-789-9518
Mother's Other Phone	
Mother's E-mail	SALLYDOE@MSN.COM
Mother's Employer Name	SPACELY SPROCKETS, INC
Total Household Income	55000/YEAR

Next of Kin	
Name	DOE,JANE
Address	RT. 1 BOX A NAMBE, NEW MEXICO, 87501
Relationship	WIFE
Phone Number	555-123-4567
Work Phone	

Figure 4-3: **Family** tab example

4.2.1 Family Information Section

The **Family Information** section of the **Family** tab shows this information:

- **Father's Name**
- **Father's Birthplace**
- **Father's Phone**
- **Father's Other Phone**
- **Father's E-mail**
- **Father's Employer Name**
- **Spouse's Employer Name**
- **Number in Household**
- **Mother's Maiden Name**
- **Mother's Birthplace**
- **Mother's Phone**
- **Mother's Other Phone**
- **Mother's E-mail**
- **Mother's Employer Name**
- **Total Household Income**

Click **Family Information** on the right of the **Family** tab to change or view these details:

- **Father's Name.** Use this field to specify the name of the patient's father.
- **Father's Birth City.** Use this field to specify the city where the patient's father was born.
- **Father's Birth State.** Use this field to specify the state where the patient's father was born. Click within the field then choose from the options on the list displayed. The list includes the 50 United States, the US territories, Canadian provinces, and several other countries outside the United States. As a shortcut, you can type the first few letters of the state name then select the state from the list shown.
- **Father's Employer.** Use this field to specify the where the patient's father is employed. To search, click within the field and type one or more of the letters contained in the employer's name to display a list of search results. Click on 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.

- **Father's Phone and Other Phone.** Use these two fields to enter primary and other phone numbers associated with the patient's father. Each is a free text field that accepts numeric digits. Be sure to include the area code.
- **Father's E-mail.** Use this field to specify the e-mail address of the patient's father. This is a free text field.
- **Mother's Maiden Name.** Use this field to specify the maiden name of the patient's mother.
- **Mother's Birth City.** Use this field to specify the city where the patient's mother was born.
- **Mother's Birth State.** Use this field to specify the state where the patient's mother was born. Click within the field then choose from the options on the list displayed. The list includes the 50 United States, the US territories, Canadian provinces, and several other countries outside the United States. As a shortcut, you can type the first few letters of the state name then select the state from the list shown.
- **Mother's Employer.** Use this field to specify the where the patient's mother is employed. To search, click within the field and type one or more of the letters contained in the employer's name to display a list of search results. Click on 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.
- **Mother's Phone and Other Phone.** Use these two fields to enter primary and other phone numbers associated with the patient's mother. Each is a free text field that accepts numeric digits. Be sure to include the area code.
- **Mother's E-mail.** Use this field to specify the e-mail address of the patient's mother. This is a free text field.
- **Spouse's Employer.** Use this field to specify the where the patient's spouse is employed. To search, click within the field and type one or more of the letters contained in the employer's name to display a list of search results. Click on 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.
- **Number in Household.** Use this field to specify the number of people residing in the patient's household.
- **Total Household Income.** Use this field to specify the patient's total household income on a weekly, bi-weekly, monthly, or yearly basis.
- **Household Income Period.** Use this field to specify the basis used in the Total Household Income field.

4.2.2 Next of Kin Section

The **Next of Kin** section of the **Family** tab shows this information:

- **Name and address of Next of Kin**
- **Relationship**
- **Home Phone**
- **Work Phone**

Click **Next of Kin** on the right of the **Family** tab to change or view these details:

- **Name.** Use this field to enter the name of the patient's next of kin, using the LAST,FIRST name format. Most often, this is the patient's spouse, parent, or grown child.
- **Relationship.** Click within the field then choose from the options on the list displayed to indicate the next of kin's relationship to the patient. If no relationship is found from the list, select **Other**.
- **Street Address.** Use this field to specify the street address for the patient's next of kin. This free text field allows alphanumeric characters.
- **City.** Use this field to specify the city where the patient's next of kin resides. This free text field allows alphanumeric characters.
- **State.** Use this field to specify the state where the patient's next of kin resides. Click within the field then choose from the options on the list displayed. The list includes the 50 United States, the US territories, Canadian provinces, and several other countries outside the United States. As a shortcut, you can type the first few letters of the state name then select the state from the list shown.
- **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 must contain five digits.
- **Phone Number.** Use this field to enter the next of kin's home phone number. This is a free text field that accepts numeric digits. Be sure to include the area code. 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. This is a free text field that accepts numeric digits. Be sure to include the area code. The number entered into this field should be verified as correct.

To copy the patient's Street Address, City, State, Zip code and Phone fields to the Next of Kin information form, click **Patient's Address** on the right side of the page.

To copy the Emergency Contact's information to the Next of Kin information form, click **Emergency Contact** on the right side of the page. The Emergency Contact information on the **Demographics** tab must be entered before this will have any effect. See Section 4.1.3 for more information about the Emergency Contact section Demographics tab.

4.3 Tribal Tab

The **Tribal** tab (Figure 4-4) within the **Profile** tab is separated into two sections containing detailed information about the patient's primary tribal membership and any other tribes to which they belong. Any of the information in these two sections can be edited by clicking the associated buttons on the right side of the page.

Tribe	Quantum
SANTA YNEZ BAND CHUMASH MIS IND, 1/4	Remove

Figure 4-4: **Tribal** tab example

4.3.1 Tribal Membership Section

The **Tribal Membership** section of the **Tribal** tab provides information about the patient's primary tribe. It shows this information:

- **Indian Blood Quantum**
- **Tribe of Membership**
- **Enrollment Number**
- **Quantum**

Click **Tribal Membership** on the right of the **Tribal** tab to change or view these details:

- **Indian Blood Quantum.** Use this field to indicate the patient's overall Indian blood quantum, expressed as a fraction in a numerator/denominator format, such as 1/2 or 1/4. Alternatively, enter one of these text choices:
 - F or Full
 If this figure is entered as a fraction, note that it must not be less than the Tribe quantum, which is specific to a single tribe.

- **Tribe of Membership.** Use this field to specify the patient's primary tribal membership. To search, click within the field and type one or more of the letters contained in the tribe name to display a list of search results. Click on a name to populate the field.
- **Quantum.** Use this field to indicate the patient's tribal blood quantum expressed as a fraction in a numerator/denominator format, such as 1/2 or 1/4. Alternatively, enter one of these text choices:
 - F or Full
 - UNK or Unknown
 - UNS or Unspecified

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

- **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.

4.3.2 Other Tribes Section

The **Other Tribes** section of the **Tribal** tab 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.

Click **Add Other Tribe** on the right side of the **Tribal** tab to change or view these details:

- **Other Tribe.** Use this field to specify the patient's other tribal membership. To search, click within the field and type one or more of the letters contained in the tribe name to display a list of search results. Click on a name to populate the field.
- **Quantum.** Use this field to indicate the patient's tribal blood quantum expressed as a fraction in a numerator/denominator format, such as 1/2 or 1/4. Alternatively, enter one of these text choices:
 - F or Full
 - UNK or Unknown
 - UNS or Unspecified

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

4.4 Names & HRN Tab

The **Names & HRN** tab (Figure 4-5) within the **Profile** tab is separated into sections containing aliases and legal names used by the patient as well as the Health Record Number (HRN) assigned to the patient. Any of the information in these three sections can be edited by clicking the associated buttons on the right side of the page.

Legal Names			
Document Number	Name Changed To	Date Changed	Proof Provided

Record Number	Facility	Status	Record Disposition	Inactivated on
357951	2010 DEMO HOSPITAL		REACTIVATED	

Figure 4-5: **Names & HRN** tab example

4.4.1 Aliases Section

The **Aliases** section of the **Names & HRN** tab lists any alias names associated with the patient. Click **Add Alias** on the right side of the page to add alias names to the patient's record. Fields are provided for Last, First, and Middle names.

Alias names can also be used when conducting a search for a patient.

4.4.2 Legal Names Section

The **Legal Names** section of the **Names & HRN** tab lists any legally-changed names associated with the patient. This section shows this information for each name listed:

- **Document Number**
- **Name Changed To**
- **Date Changed**
- **Proof Provided**

Click **Add Legal Name** on the right side of the page to add a new legal name to the patient's record. Future searches for the patient will return the most current legal name of the patient. These self-explanatory fields are used in entering a new alias name:

- **Last Name**
- **First Name**
- **Middle Initial**
- **Suffix**
- **Document Number.** Use this field to enter a document number (if provided). This is a free-text field that accepts alphanumeric characters.
- **Date Changed.** Use this field to enter the date that the legal name was changed. Manually enter the date using any of the accepted date formats or click the calendar icon to select the date from a calendar view.
- **Proof Provided.** Use this field to specify the type of documentation provided by the patient as proof of the legal name change. Click within the field then choose from the options on the list displayed to indicate how the legal name change was proven.

4.4.3 HRN Section

The **HRN** section of the **Names & HRN** tab lists any Health Record Numbers assigned to the patient. This section shows this information for each record listed:

- **Record Number**
- **Facility**
- **Status**
- **Record Disposition**
- **Inactivated On**

Click **Health Record Number** on the right of the page to edit or inactivate an assigned health record number. These fields are displayed:

- **Health Record Number.** Use this field to change the Health Record Number for the selected patient. The current HRN is displayed in this field. To change the patient's HRN, type a new number and click Save. If the HRN you enter is already in use, a warning message is displayed and you will not be able to save the patient record.
- **Record Disposition.** Use this field to indicate the disposition of the patient's record. Click within the field then choose from the options displayed to indicate the reason for the patient's record update:

- Reactivated
- No Active Chart
- Sent to Archives
- Inactive Record
- Registered in Error
- New Chart

Note: With the exception of the Reactivated and New Chart options, using any of these options will set the patient's record to Inactivated. An inactive patient record is not erased from the database. To reactivate a patient file, select the **Reactivated** option from the list.

After making the desired changes, click **Save** to save the updated patient record.

4.5 Document Summary Tab

The **Document Summary** tab (Figure 4-6) within the **Profile** tab is separated into sections showing information about the **Restricted Health Information**, **Notice of Privacy Practices**, **Death Information**, and **Advance Directives**.

The screenshot shows the 'Document Summary' tab selected within a patient profile. The interface includes tabs for Profile, Benefits, Appointments, and a 'Warnings' section with a count of 2. Below the main tabs are sub-tabs: Demographics, Family, Tribal, Names & HRN, Document Summary (active), Legal Documents, Veteran, Migrant/Homeless, Notes*, and Errors/Warnings. The main content area is divided into four sections, each with a 'Change' button:

- Restricted Health Info:** Includes a 'Reason' field.
- Notice of Privacy Practices:** Includes 'Entered on 02/02/2012', 'Received by Patient NO 02/02/2011', 'Privacy Act Obtained on 02/02/2011', 'Acknowledgement Signed YES', and a 'Reason' field.
- Death Information:** Includes a 'Change' button.
- Advance Directives:** Includes an 'Add Advance Directive' button and a table of existing directives.

Directive	Date of Entry	Type	Reason
YES	09/28/2011	LIVING WILL	PATIENT'S REQUEST

Figure 4-6: **Document Summary** tab example

4.5.1 Restricted Health Info Section

When used, the **Restricted Health Info** section of the **Document Summary** tab displays any restricted health information related to the selected patient. This section shows the status, date, and approving official, if available. Click **Restricted Health Info** on the right of the page to edit this information:

- **Reason.** Use this field to indicate the reason for the patient's restricted health information designation. This is a free-text field that accepts alphanumeric characters.
- **Status.** Use this field to show the status of the patient's restricted health information designation. Click within the field then choose from the options on the list displayed to show the restricted health status.
- **Date.** Use this field to enter the date that the Restricted Health Info was entered or changed. Manually enter the date using any of the accepted date formats or click the calendar icon to select the date from a calendar view.
- **Name of Approving Official.** Use this field to enter the name of the official who approved the restricted health information designation.

When the status field is set to Approved, this will mark the patient's record as being 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 be opened or accessed.

4.5.2 Notice of Privacy Practices Section

The **Notices of Privacy Practices** section of the **Document Summary** tab shows if and when the selected patient received a Notice of Privacy Practices as per the Health Insurance Portability and Accountability Act (HIPAA). Click **Notice of Privacy Practices** on the right of the page to edit this information:

- **Received by Patient.** Select this check box if the patient has received the NPP (Notice of Privacy Practices).
- **Received Date.** Use this field to indicate the date the patient received the Acknowledgement of Receipt of the Notice of Privacy Practices. This is a Health Insurance Portability and Accountability Act (HIPAA) requirement. It is a required field if the Received by Patient checkbox is selected. Manually enter the date using any of the accepted date formats or click the calendar icon to select the date from a calendar view.
- **Acknowledgement Signed.** If the acknowledge was signed, select the check box indicating that the signature was obtained.

- **Privacy Act Date.** Use this field to show the date that the patient signed the Acknowledgement of Receipt of the Notice of Privacy Practices. This is a Health Insurance Portability and Accountability Act (HIPAA) requirement. Manually enter the date using any of the accepted date formats or click the calendar icon to select the date from a calendar view.
- **Reason.** If the acknowledgement has not been signed, use this free text field to explain why it was not signed.

4.5.3 Death Info Section

When used, the **Death Info** section of the **Document Summary** tab displays the date and location of the patient's death, as well as the Death Certificate number. Click **Death Info** on the right of the page to edit this information:

- **Date of Death.** Use this field to indicate the date when the patient's death occurred. Manually enter the date using any of the accepted date formats or click the calendar icon to select the date from a calendar view.
- **Death Certificate Number.** Use this field to show the Death Certificate number.
- **State of Death.** Use this field to specify the state in which the patient's death took place. Click within the field then choose from the options on the list displayed. The list includes the 50 United States, the US territories, Canadian provinces, and several other countries outside the United States. As a shortcut, you can type the first few letters of the state name then select the state from the list shown.

When a date of death has been entered in a patient's record, the patient's information can no longer be edited except to update the Death Info section. The Patient Header at the top is shaded to indicate that this patient has been marked as deceased.

Click **Clear Death Info** in the upper right corner of the page to remove any death info entered. This will delete all death information for the selected patient.

4.5.4 Advance Directives

When used, the **Advance Directives** section of the **Document Summary** tab 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, the type of directive, and the reason it was provided.

Click **Add Advance Directive** on the right of the page to enter this information:

- **Directive.** Select this check box if an Advance Directive has been provided for the patient. Note that if you select and then clear this check box, the result is a "No" entry.

- **Date of Entry.** Use this field to show the effective date for the Advance Directive. Manually enter the date using any of the accepted date formats or click the calendar icon to select the date from a calendar view. This field is required if the **Directive** check box has been selected.
- **Type.** Use this field to show the type of Advance Directive provided. Click within the field then choose from the options on the list displayed. This field is required if the **Directive** check box has been selected.
- **Reason.** Use this free text field to describe the reason for the Advanced Directive.

4.6 Legal Documents Tab

The **Legal Documents** tab (Figure 4-7) within the **Profile** tab provides a listing of legal documents that have been added to the patient's records.

Document Number	Legal Document	Date Added	Effective Date
98765432	CERTIFICATE OF DEGREE OF INDIAN BLOOD	01/27/2009	01/28/2009
12345679	SOCIAL SECURITY CARD	01/28/2009	02/04/1975

Figure 4-7: **Legal Documents** tab example

Click **Add Legal Document** on the right side of the page to add this information:

- **Document Number.** Use this field to enter a document number (if provided). This is a free-text field that accepts alphanumeric characters.
- **Legal Document.** Use this field to specify the type of legal document you are adding to the patient record. Click within the field then choose from the options on the list displayed. See Section 9.1 for more information about using the Eligibility Modifiers table to add Legal Document to this list.
- **Date Added to File.** 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.

4.7 Veteran Tab

When used, the **Veteran** tab (Figure 4-8) within the **Profile** tab shows information about the patient's military service.

Veteran Information	
Veteran	YES
Service Branch	MARINE CORPS
Claim Number	5468792
Valid VA Card	YES
Date VA Card Copy Obtained	10/12/2007
Description of VA Disability	PTSD
Service Entry Date	05/06/1981
Service Separation Date	09/09/1987
Vietnam Service Indicated	UNKNOWN
Is Service Connected	YES

Figure 4-8: **Veteran** tab example

The **Veteran Information** page shows this information:

- **Veteran**
- **Service Branch**
- **Claim Number**
- **Valid VA Card**
- **Date VA Card Copy Obtained**
- **Description of VA Disability**
- **Service Entry Date**
- **Service Separation Date**
- **Vietnam Service Indicated**

- **Is Service Connected**

Click **Veteran Information** on the right side of the page to enter or change these details:

- **Is Veteran.** Select **Yes** or **No** from this list box to indicate if the patient is a veteran of the US military.
- **Service Branch.** Use this field to indicate the military branch in which the patient entered their last period of military service. Click within the field then choose the appropriate option on the list displayed.
- **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 within the field then choose the appropriate option on the list displayed.
- **Claim Number.** Use this field to enter the patient's claim number, using seven or eight characters.
- **Is Service Connected.** Select this check box to indicate that the disability is service connected.
- **Description of VA Disability.** Use this field to type a description of the service disability, using 3 to 60 characters. (This field is optional.)
- **Valid VA Card.** Select this check box to indicate that the patient has a valid Veterans Administration (VA) card.
- **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.

4.8 Migrant/Homeless Tab

When used, the **Migrant/Homeless** tab (Figure 4-9) within the **Profile** tab shows information about the patient's migrant or homeless status (if applicable).

The screenshot shows the 'Migrant/Homeless' tab within a patient profile. The interface includes a top navigation bar with tabs: Profile, Benefits, Appointments, Warnings (2), and Print Facesheet. Below this is a secondary navigation bar with tabs: Demographics, Family, Tribal, Names & HRN, Document Summary, Legal Documents, Veteran, **Migrant/Homeless**, Notes*, and Errors/Warnings. The main content area is divided into two sections: 'Migrant' and 'Homeless'. The 'Migrant' section shows 'Migrant Worker: NO', 'Migrant Worker Type', and 'Last Updated: 05/25/2012'. The 'Homeless' section shows 'Homeless: YES', 'Homeless Type: TRANSITIONAL', and 'Last Updated: 05/25/2012'. Both sections have a 'Change' button and a status button ('Migrant' or 'Homeless').

Figure 4-9: **Migrant/Homeless** tab example

Note that 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.

The Migrant section shows this information:

- **Migrant status**
- **Last updated**
- **Migrant Worker Type**

The Homeless section shows this information:

- **Homeless status**
- **Last updated**
- **Homeless Type**

Click either **Migrant** or **Homeless** (depending on what is displayed at your site) to change this information in a patient's record.

4.9 Notes Tab

The **Notes** tab (Figure 4-10) within the **Profile** tab shows available notes about the current patient's record. This is a free-text field where you can add or remove notes as needed. If notes have been entered on this page, an asterisk is displayed next to the **Notes** tab label at the top of the **Profile** tab page.

Figure 4-10: **Notes** tab example

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

4.10 Errors/Warnings Tab

The **Errors/Warnings** tab (Figure 4-11) within the **Profile** tab shows information about errors or warnings that have been found within the patient data. Note that icons are displayed in the upper right of the Workspace below the Patient Header if any errors or warnings exist. Each error and warning is displayed in a list format. If displayed, click **Fix it** on the right of the page to navigate directly to the tab or form requiring correction.

Error	Warning
Patient's Ethnicity/Method of Collection incomplete	Patient's Homeless information incomplete
	Patient's Migrant Worker information incomplete
	Employer Information Incomplete
	Medicare Secondary Payer information missing

Figure 4-11: **Errors/Warnings** tab example

Note: Errors and warnings displayed are dependent on patient registration site parameters established within RPMS.

5.0 Benefits Tab

The **Benefits** tab (Figure 5-1) and the separate tabs within it contain information about the benefits available to the selected patient.



Figure 5-1: **Benefits** Tab

The **Benefits** tab includes these sections, all of which are accessible via tabs at the top of the Workspace:

- **Alternate Resources** tab
- **Benefits Cases** tab
- **Prior Authorizations** tab

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

5.1 Alternate Resources Tab

The **Alternate Resources** tab displays medical insurance data for the current patient and provides a way to add to or edit this information. Figure 5-2 shows an example of the **Alternate Resources** tab display.

Profile Benefits Appointments Warnings 2 Print Facesheet

Alternate Resources Benefits Cases Prior Authorizations

AOB & ROI Change AOB & ROI

Assignment of Benefits 06/06/2012 Release of Information 06/06/2012

Alternate Resources

Status Active Add Insurance Guarantor

ALLSTATE INS CO GRP Active View Detail

Subscriber	Policy No.	Address	Start Date	End Date	Coverage
DOEJOHN	12345679	ALLSTATE PLAZA NORTHBROOK, ILLINOIS, 60062	01/01/2000		

NORTHERN FRATERNAL LIFE INS Active View Detail

Subscriber	Policy No.	Address	Start Date	End Date	Coverage
DOEJOHN	12345679	1202 W OKLAHOMA AVE MILWAUKEE, WISCONSIN, 53215	01/04/2000		

Figure 5-2: **Alternate Resources** tab example

The **Alternate Resources** tab has two primary sections: the **AOB & ROI** section and the **Alternate Resources** section.

5.1.1 AOB & ROI Section

The **AOB & ROI** section of the **Alternate Resources** tab displays dates pertaining to the Assignment of Benefits (AOB) and Release of Information (ROI). Click **AOB & ROI** on the right of the page to edit and view this information:

- **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. Manually enter the date using any of the accepted date formats or click the calendar icon to select the date from a calendar view. A historical log showing dates when previous AOBs were obtained is displayed below this field.
- **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. Manually enter the date using any of the accepted date formats or click the calendar icon to select the date from a calendar view. A historical log showing dates when previous ROIs were obtained is displayed below this field.

After making any changes or additions to the AOB or ROI information, click **Save** to save your changes and return to the **Alternate Resources** tab or click **Cancel** to return to the **Alternate Resources** tab without saving your changes.

5.1.2 Alternate Resources Section

The **Alternate Resources** section of the **Alternate Resources** tab lists insurance resources available to the selected patient.

Use the **Status** filter list to display the patient's insurance policies by their status. You can choose to show only active, inactive, or all policies.

If necessary, use the scroll bar on the right side of the page to view the entire list.

Click **View Detail** to the right of any of the alternate resources displayed to view or edit the information about that resource.

5.2 Adding Insurance

Click **Insurance** on the right side of the **Alternate Resources** tab to display the **Add Insurance** page and add insurance policy information to the patient's records.

Initially, only the **Search Insurer** search box is displayed. Click within the search box and type one or more of the letters contained in the insurer's name to display a list of search results, and then select the insurer of your choice from the list displayed.

Once you have selected the insurer, a form is displayed for the entry of the patient's policy information. Different forms are displayed based on the type of insurer selected. See Sections 5.2.1 through 5.2.8 of this manual for a listing of the fields shown on each of these different forms.

5.2.1 Adding Private Insurance Coverage

In the case of private insurers, two different forms are provided: One for when the patient is the policy holder (Figure 5-3) and another for when a different person is the policy holder ().

5.2.1.1 Private Insurance Fields (Patient is the Policy Holder)

Click **Same** on the right of the page to enter insurance information when the patient is the policy holder. Figure 5-3 shows an example of the form displayed. Required fields are noted on the form.

DOE,JOHN SSN XXX-XX-5555 Eligibility Status CHS & DIRECT RHI NO
 07/06/1957 (54y) MALE HRN 357951 Active Alternate Resource Sensitive NO
 Last Updated 2/3/2012 (ADM) PCP Veteran YES

Private Insurance - ALLSTATE INS CO GRP Set Policy Holder As **Same** **New**

Policy Holder [required] Relationship [required] Policy Number [required] Coverage Type
 Eligibility Start Date [required] Eligibility End Date Member Number Person Code
 Primary Care Provider Card Copy on File Date Obtained

Save Cancel

Figure 5-3: **Private Insurance** page example

When the patient is the policy holder, the fields listed in Table 5-1 are provided. Required fields are noted on the form.

Table 5-1: **Private Insurance** page fields (Patient is Policy Holder)

Field	Notes
Policy Holder	To specify the current patient as the policy holder, click Same on the right side of the page. The patient data will be used to populate the fields for the policy holder.
Relationship	Auto-populated with SELF

Field	Notes
Policy Number	6 to 30 character string
Coverage Type	Choose from list
Eligibility Start Date	Date field
Eligibility End Date	Date field
Member Number	1 to 20 character string. Use this field to show the member number of the policy holder, if any.
Person Code	2 to 10 character string. Use this field to show the policy holder's person code, which is used to uniquely identify each family member.
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	Check box: Enable to indicate Yes
Date Obtained	Date field

5.2.1.2 Private Insurance Fields (New Policy Holder)

To add a policy holder who is not the patient, click within the **Policy Holder** field and type the first few letters of the person's last name to display a list of available search results. Click on a name to populate the field.

If no name can be found, then a new policy holder will need to be added for this patient. Click **New** on the right of the page to enter insurance information when someone other than the patient is the policy holder. Figure 5-4 shows an example of the form displayed. Required fields are noted on the form.

Figure 5-4: New Private Insurance **Policy Holder** page example

When adding someone other than the patient as the policy holder, the fields listed in Table 5-2 are provided.

Table 5-2: Private Insurance Page fields (New Policy Holder)

Field	Notes
Policy Holder	Use this field to specify the new policy holder's name.
Sex	Choose from the list to indicate the policy holder's gender
Date of Birth	Date field
Phone Number	Policy holder's phone number
Street	Policy holder's street address
City	Policy holder's city
State	Choose from the list to indicate the policy holder's gender
Zip Code	Policy holder's Zip Code
Employment Status	Choose from list: Policy Holder's employment status
Employer	Search box: Policy holder's employer. Employers can be added to the list of employers through the Table Maintenance page of the Setting module. See Section 9.3 for more information about adding employers.
Policy Number	3 to 20 character string. If no policy number is available, use the policy holder's Social Security Number.
Name on Card	Enter the name as it appears on the insurance card.
Group Name	Search box: Insurance policy group name (3 to 30 character string)
Group Number	This number should be entered when Group Name is selected. (3 to 17 character string)
Coverage Type	Choose from list: This field will be populated based on the coverage types provided by the insurance specified
Effective Date	Date field
Expiration Date	Date field

To begin, enter the policy holder's name in the **Policy Holder** search box using the LAST,FIRST [MIDDLE] format to search the list of registered patients.

If a matching name is found, click it to populate the field.

If a matching name is not found, then the newly entered policy holder's name will be added once the form has been completed. Note that the new policy holder name will be associated only with the insurance provider you previously selected.

After you 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.

Once the form is saved, click **View Policy Holder Detail** on the right side of the page to view additional information about the policy holder and to add other policy members.

5.2.2 Adding New Policy Members to Private Insurance

More than one person can be associated with a private insurance policy. After adding a private insurance policy, click **View Policy Holder Detail** on the right side of the form to see the **Policy Holder** page (Figure 5-5).

Policy Holder

Policy Holder (required): DOEJOHN Sex: MALE Date of Birth: 7/6/1957 Phone Number: 555-212-1212

Street: RT. 1 BOX A

City: NAMBE State: NEW MEXICO Zip Code: 87501

Employment Status (required): FULL-TIME Employer: [Search]

Policy Number (required): 12345679 Name on Card: [Search] Group Name: [Search] Group Number: [Search]

Coverage Type: [Dropdown] Effective Date (required): 1/1/2000 Expiration Date: Enter date

Policy Members Add Edit Inactivate

Insured Name	Coverage	Start Date	End Date	Relationship	Active
DOEJOHN		01/01/2000		SELF	Active

Save Cancel

Figure 5-5: **Policy Holder** and **Policy Members** page example

Once the **Policy Holder** and **Policy Members** page is displayed, click **Add** on the right side of the **Policy Members** heading bar to display the **Add Policy Member** section (Figure 5-6) and to add other policy members to this plan. Required fields are noted on the form.

Figure 5-6: Private Insurance **Add Policy Member** section example

When adding a new policy member, the fields listed in Table 5-3 are provided.

Table 5-3: **Add Policy Member** section fields

Field	Notes
Insured Name	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
Eligibility Start Date	Date field
Eligibility End Date	Date field
Member Number	1 to 20 character string
Person Code	2 to 10 character string
Primary Care Provider	Patient's Primary Care provider in LAST,FIRST format. This is usually required for HMO/Managed Care plans.

After completing the form, click **OK** to close the form. If you need to make changes to an existing policy member, select their name from the listing and click **Edit** on the right side of the **Policy Members** heading bar. Once you have completed all changes for the policy members, click **Save** to save the new policy member information.

5.2.3 Adding Medicare Coverage

If the insurance provider is Medicare, the page shown in Figure 5-7 is displayed. Required fields are noted on the form. If Medicare Coverage Type D is selected, additional fields are displayed on the form; this is reflected in the example shown in Figure 5-7.

DOE,JOHN 07/26/1957 (54y) MALE	SSN XXX-XX-5555 HRN 357951 Last Updated 2/3/2012 (ADMI)	Eligibility Status CHS & DIRECT Active Alternate Resource PCP	RHI NO Sensitive NO Veteran YES
--	---	--	---------------------------------------

Medicare

Medicare Name [required]	Medicare Number [required]	Suffix [required]	QMB/SLMB
DOE,JOHN			
Insurer	Primary Care Provider	Date of Birth [required]	
MEDICARE		7/6/1957	
Card Copy on File	Date Obtained	Medicare Release Date [required]	Medicare Signature Obtained
☐	Enter date	Enter date	Enter date

Add/Edit Medicare Eligibility

Start Date [required]	Coverage Type [required]	End Date
Enter date	D	Enter date
Medicare Name	Gender	Date of Birth
DOE,JOHN		7/6/1957
Person Code	ID Number	
Plan Name	Group Name	

Figure 5-7: **Medicare** Insurance page example

5.2.3.1 Medicare Insurance Fields

The fields shown in Table 5-4 are provided on the **Medicare** Insurance page.

Table 5-4: Medicare Insurance page fields

Field	Notes
Medicare Name	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.

Field	Notes
Medicare Number	Patient's Medicare Number. Use this field to show the Medicare ID number, without the suffix, using nine digits.
Suffix	Choose from list: Suffix shown on the Medicare ID card
QMB/SLMB	Select the appropriate option from the list. QMB is Qualified Medical Beneficiary and SLMB is Specific Low Income Medical Beneficiary.
Insurer	Automatically populated, read-only
Primary Care Provider	Patient's Primary Care physician in LAST,FIRST format
Date of Birth	Date field: 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.
Card Copy on File	Check box: enable to indicate a copy of the patient's Medicare card was obtained and placed into the chart.
Date Obtained	Date field (only available to edit if Card Copy On File check box is selected): Enter the date the Medicare card was placed into patient's chart.
Medicare Release Date	Date field: Show the date the Medicare release of information was added to the patient's records.
Medicare Signature Obtained	Date field: Enter date the "Important Message from Medicare" form was obtained and entered into the patient's chart.
Add/Edit Medicare Eligibilities Section	
For All Coverage Types:	
Start Date	Date field
Coverage Type	Choose from list
End Date	Date field
Additional Fields for Coverage Type D only:	
Gender	Choose from list
Date of Birth	Date field
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.
ID Number	6 to 30 character string: Enter the ID number as it appears on the patient's Medicare card.
Plan Name	Search box: Enter the Insurer administering this Part D Medicare coverage.
Group Name	Employer Group Insurance search box

After the form has been finalized, click **OK** to close the **Add/Edit Medicare Eligibility** form.

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

To remove a Medicare Eligibility, click **Remove** before the policy has been saved.

Once the **Add/Edit Medicare Eligibility** form has been closed, the **MSP Surveys** section (Figure 5-8) can be viewed at the bottom of the form.

Figure 5-8: **MSP Surveys** section

5.2.3.2 MSP Surveys

Medicare Secondary Payer (MSP) is a term used to describe a situation where Medicare is considered to be the secondary payer based on other insurance coverage or a medical condition the patient may have. The MSP Survey is a questionnaire used as a tool to determine if Medicare is a patient's primary or secondary payer.

Note: When billing Medicare Part A, the MSP questionnaire must be given every 90 days as required by Medicare. It is recommended that the questionnaire also be done for Medicare Part B every 90 days, but this is not a legal requirement.

Medicare Secondary Payers (MSP) surveys are offered in both short and long versions.

Click **Add Short** to add the short form version of the MSP survey. The short form survey is useful for cases where it has already been determined that Medicare is the patient's secondary payer. The short form includes the fields shown in Table 5-5:

Table 5-5: **MSP Survey** section fields

Field	Description
MSP Surveys Section	
Date Survey Was Given	Date field
Signature Date	Date field

Field	Description
Medicare Secondary Reason	Choose from list
MSP Patient	Check box: Enable to indicate Yes
Completed By	Search box: Enter name of person completing the form.

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

Click **Add Long** to add the long form version of the MSP survey. The long form survey is a useful tool for determining if the patient has a non-Medicare primary payer. The long form 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 you have entered the necessary information on the form, click **Save** to save the survey information in the patient's record, or click **Cancel** to exit from the survey form without saving the information.

Note that you should ensure any Medicare eligibility information entered has been saved before completing the long form MSP survey. Otherwise, any previously-entered information can be lost.

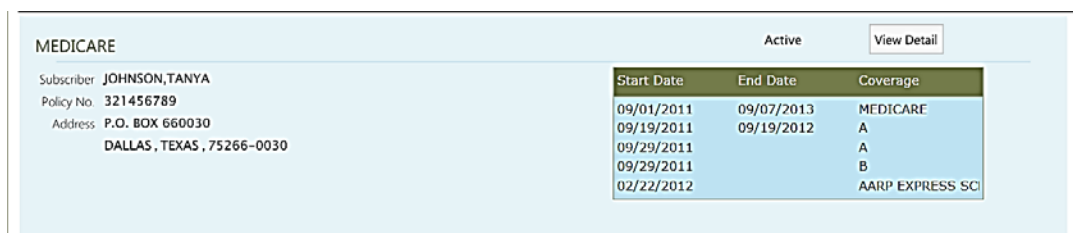
To make changes to an existing MSP Survey, select the survey, click **Edit**, and then make any changes to it.

To remove an MSP Survey, click **Remove** before the policy has been saved.

Once the new information or edits have been completed for the Medicare policy, click **Save** to save the new policy information, or click **Cancel** to exit without saving the information.

5.2.3.3 Editing Medicare Coverage

To edit information about a patient's Medicare coverage, click **View Detail** in the **Medicare** section (Figure 5-9) of the **Alternate Resources** page.



MEDICARE		Active	View Detail
Subscriber	JOHNSON, TANYA		
Policy No.	321456789		
Address	P.O. BOX 660030 DALLAS, TEXAS 75266-0030		
Start Date	End Date	Coverage	
09/01/2011	09/07/2013	MEDICARE	
09/19/2011	09/19/2012	A	
09/29/2011		A	
09/29/2011		B	
02/22/2012		AARP EXPRESS SC	

Figure 5-9: **Medicare** section of the **Alternate Resources** page

This displays the **Medicare** page for the selected patient, as shown in Figure 5-10.

Medicare

Medicare Name [required] JOHNSON, TANYA Medicare Number [required] 321456789 Suffix [required] W QMB/SMB PENDING

Insurer MEDICARE Primary Care Provider Date of Birth [required] 7/26/1949

Card Copy on File ☐ Date Obtained [required] Enter date Medicare Release Date [required] 1/10/2008 Medicare Signature Obtained [required] 9/2/2011

Medicare Eligibilities Add Edit Inactivate

Start Date	Coverage	End Date	Plan	Group
09/01/2011	D	09/07/2013	MEDICARE	MEDICARE EXTENDED PLUS
09/19/2011	A	09/19/2012		
09/29/2011	A			

MSP Surveys Add Short Add Long Edit

Date Survey Given	Signature Date	MSP Patient	Medicare Secondary Reason	Completed By
04/26/2012	04/26/2012	YES	BLACK LUNG	ADMIN.SYSTEM
04/10/2012	04/10/2012	YES	VETERANS ADMINISTRATION (VA)	ADMIN.SYSTEM
01/11/2012	01/12/2012	YES	WORKMANS COMPENSATION	

Save Cancel

Figure 5-10: **Medicare** page for an individual patient

Once displayed, the various fields in the **Medicare** section of the **Medicare** page can be edited as needed. See Section 5.2.3.1 for descriptions of the fields displayed.

You can also add or edit information in the **Medicare Eligibilities** section of the page. Click **Add** to add a new Medicare Eligibility (as described in Section 5.2.3.1), or select an existing eligibility and click **Edit** to make any changes to it.

Within the **MSP Surveys** section of the page, click **Add Short** or **Add Long** to add a short or long form MSP Survey. To edit an existing MSP Survey, select the survey and click **Edit**.

5.2.4 Adding Medicaid Coverage

If the insurance provider is Medicaid, these fields are provided. Required fields are noted on the form.

DOE,JOHN		SSN XXX-XX-5555	Eligibility Status CHS & DIRECT	RHI NO
07/06/1957 (54y) MALE		HRN 357951	Active Alternate Resource	Sensitive NO
		Last Updated 2/3/2012 (ADMI)	PCP	Veteran YES

Medicaid - NEW MEXICO MEDICAID			
Medicaid Name [required] DOE,JOHN	Medicaid Number [required] 	Group Name 	Group Number
Plan 	State [required] 	Primary Care Provider 	Rate Code
Insured Name 	Date of Birth [required] 7/6/1957	Relation [required] SELF	
Card Copy on File ☐	Date Obtained Enter date		

Add/Edit Medicaid Eligibility		
Eligibility Date [required] Enter date	Coverage Type 	End Date Enter date
OK Cancel		

Save

Cancel

Figure 5-11: Medicaid Insurance page example

5.2.4.1 Medicaid Insurance Fields

The fields shown in Table 5-6 are provided on the **Medicaid** Insurance page.

Table 5-6: Medicaid Insurance page fields

Field	Notes
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, using nine digits.
Group Name	Search box: This is the local group name, and can be found on the patient's Medicaid card.
Group Number	Automatically populated based on the selected group name
Plan	Search box: Click within 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.

Field	Notes
State	Choose from list
Primary Care Provider	Patient's Primary Care provider under Medicaid in LAST, FIRST name format.
Rate Code	1 to 6 character string
Insured Name	Enter the full name of the primary insured person with this account number. Must be 3 to 30 characters long, in LAST, FIRST [MIDDLE] name format.
Date of Birth	Date field
Relation	Choose from list: Patient's relationship to the insured
Card Copy on File	Check box: Enable to indicate if the patient's Medicaid card copy was obtained and placed into the chart.
Date Obtained	Date field: This is the date the patient's Medicaid card copy was obtained and placed into the chart.
Add/Edit Medicaid Eligibility Section	
Eligibility Date	Date field
Coverage Type	1 to 2 character string
End Date	Date field

After completing the form, click **OK** to close the **Add/Edit Medicaid Eligibility** form.

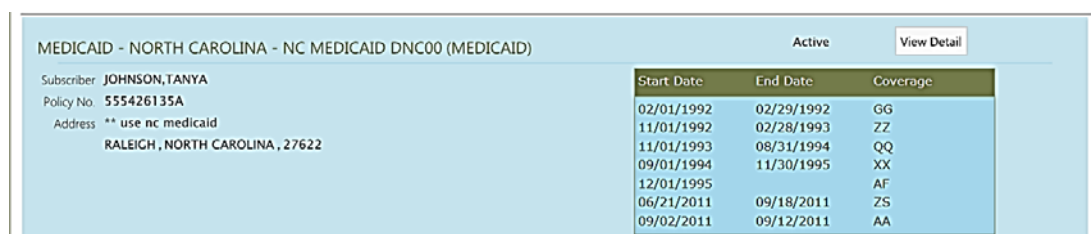
To make changes to an existing Medicaid Eligibility, select the eligibility, click **Edit**, and then make any changes to it.

To remove a Medicare Eligibility, click **Remove** before the policy has been saved.

Once the new information or edits have been completed, click **Save** to save the new policy information, or click **Cancel** to exit without saving the information.

5.2.4.2 Editing Medicaid Coverage

To edit information about a patient's Medicaid coverage, click **View Detail** in the **Medicaid** section (Figure 5-9) of the **Alternate Resources** page.



MEDICAID - NORTH CAROLINA - NC MEDICAID DNC00 (MEDICAID)		Active	View Detail
Subscriber JOHNSON, TANYA		Start Date	End Date
Policy No. 555426135A		11/01/1992	02/28/1993
Address ** use nc medicaid		11/01/1993	08/31/1994
RALEIGH, NORTH CAROLINA, 27622		09/01/1994	11/30/1995
		12/01/1995	AF
		06/21/2011	09/18/2011
		09/02/2011	09/12/2011

Figure 5-12: **Medicaid** section of the **Alternate Resources** page

This displays the **Medicaid** page for the selected patient, as shown in Figure 5-13.

Medicaid - MEDICAID

Medicaid Name [required] JOHNSON,TANYA Medicaid Number [required] 555476135A Group Name [required] NC MEDICAID Group Number

Plan NC MEDICAID DMC00 State [required] NORTH CAROLINA Primary Care Provider OTHERPROVIDERCHASE T Rate Code R72568

Insured Name JOHNSON,TANYA Date of Birth [required] 7/26/1949 Relation [required] SELF

Card Copy on File ☒ Date Obtained 4/26/2012

Medicaid Eligibilities [Add] [Edit] [Remove]

Start Date	End Date	Coverage
02/01/1992	02/29/1992	GG
11/01/1992	02/28/1993	ZZ
11/01/1993	08/31/1994	QQ
09/01/1994	11/30/1995	XX
12/01/1995		AF

[Save] [Cancel]

Figure 5-13: **Medicaid** page for an individual patient

Once displayed, the various fields in the **Medicaid** section of the **Medicaid** page can be edited as needed. See Section 5.2.4.1 for descriptions of the fields displayed.

You can also add or edit information in the **Medicaid Eligibilities** section of the page. Click **Add** to add a new Medicaid Eligibility (as described in Section 5.2.4.1), or select an existing eligibility and click **Edit** to make any changes to it.

5.2.5 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 5-14 is displayed. Required fields are noted on the form.

Figure 5-14: **Railroad Retirement Insurance** page example

5.2.5.1 Railroad Retirement Insurance Policy Fields

The fields shown in Table 5-7 are provided on the **Railroad Retirement Insurance** page.

Table 5-7: **Railroad Retirement Insurance** policy fields

Field	Notes
Railroad Name	Automatically populated with patient's name in LAST,FIRST [MIDDLE] format.
Railroad Number	Patient's Railroad Number (9 character length)
Prefix	Choose from list: Prefix for Medicare billing
QMB/SLMB	Select the appropriate option from the list. QMB is Qualified Medical Beneficiary and SLMB is Specific Low Income Medical Beneficiary.
Insurer	Automatically populated with the insurer's name.
Primary Care Provider	Patient's Primary Care physician in LAST,FIRST format.
Date of Birth	Date field
Card Copy on File	Check box: Enable to indicate Yes
Date Obtained	Date field
Railroad Eligibility Section	
For all Types:	
Start Date	Date field
Coverage Type	Choose from list
End Date	Date field

Field	Notes
Additional Fields for Type D:	
Gender	Choose from list
Date of Birth	Date field
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.
ID Number	1 to 30 character string: Enter the ID number as it appears on the patient's Railroad Insurance card.
Plan Name	Search box: Enter the Insurer administering this Part D Medicare coverage.
Group Name	Search box: Employer Group Insurance name

After the form has been finalized, click **OK** to close the **Add/Edit Railroad Eligibility** form.

To make changes to an existing Railroad Eligibility, select the eligibility, click **Edit**, and then make any changes to it.

To remove a Railroad Eligibility, click **Remove** before the policy has been saved.

Once the **Add/Edit Railroad Eligibility** form has been closed, the **MSP Surveys** section (Figure 5-15) can be viewed at the bottom of the form.

MSP Surveys				
Date Survey Given	Signature Date	MSP Patient	Railroad Secondary Reason	Completed By

Figure 5-15: Railroad Retirement Insurance **MSP Surveys** section

5.2.5.2 Railroad Retirement Insurance MSP Surveys

Medicare Secondary Payer (MSP) is a term used to describe a situation where Railroad Retirement Insurance is considered to be the secondary payer based on other insurance coverage or a medical condition the patient may have. The MSP Survey is a questionnaire used as a tool to determine if Railroad Retirement Insurance is a patient's primary or secondary payer.

Note: When billing Railroad Insurance Part A, the MSP questionnaire must be given every 90 days as required by Medicare. It is recommended that the questionnaire also be done for Railroad Insurance Part B every 90 days, but this is not a legal requirement.

For Railroad Retirement Insurance, Medicare Secondary Payers (MSP) surveys are offered in only the short version.

Click **Add** to add the MSP survey. The form displayed includes the fields shown in Table 5-5:

Table 5-8: **MSP Survey** section fields

Field	Description
MSP Surveys Section	
Date Survey Was Given	Date field
Signature Date	Date field
Medicare Secondary Reason	Choose from list
MSP Patient	Check box: Enable to indicate Yes
Completed By	Search box: Enter name of person completing the form.

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

To make changes to an existing MSP Survey, select the survey, click **Edit**, and then make any changes to it. If an existing MSP survey needs to be removed, click **Remove** before the policy has been saved.

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

5.2.6 Adding Third Party Liability Insurance

When the insurance provider is a third party liability insurance provider, the page shown in Figure 5-16 is displayed. Required fields are noted on the form.

Third Party Liability - RISK MANAGEMENT SERVICES, INC

Injury Date (required) Cause of Injury Description of Injury

Responsible Party

Name Social Security Number

Insurer Information

Insurer Effective Date End Date

MANAGEMENT SERVICES, INC Enter date Enter date

Policy Number (required) Group Name Group Number

Claim Information

Claim Number Contact Info Patient's Attorney

Date Last Worked Disability Date Authorized Return to Work

Enter date Enter date Enter date

Notes

Save Cancel

Figure 5-16: **Third Party Liability Insurance** page example

The fields shown in Table 5-9 are provided on the **Third Party Liability Insurance** page.

Table 5-9: **Third Party Liability Insurance** fields

Field	Notes
Injury Date	Date field
Cause of Injury	Description of what caused the injury: 3 to 30 character limit.
Description of Injury	Description of the injury: 3 to 45 character limit
Responsible Party Section	
Name	Responsible party's name in LAST,FIRST format
Social Security Number	Responsible party's Social Security Number
Insurer Information Section	
Insurer	Search box: Enter the Third Party Liability insurer
Effective Date	Date field
End Date	Date field
Policy Number	Enter the policy number (3 to 45 characters in length.)
Group Name	Search box: Employer Group Insurance name
Group Number	Group's Insurance Number: Automatically populated when Group Name is entered.
Claim Information Section	
Claim Number	3 to 15 character string
Contact Information	Basic contact information: 1 to 30 characters in length
Patient's Attorney	Patient's Attorney's name in LAST,FIRST format

Field	Notes
Date Last Worked	Date the patient last worked
Disability Date	Date of patient's disability
Authorized Return to Work	Date the patient is authorized to return to work
Notes	Free-text field for any notes needed

After you 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.

5.2.7 Adding Workman's Compensation Insurance

When the insurance is provided by Workman's Compensation, the page shown in Figure 5-17 is displayed. Required fields are noted on the form.

Workmen's Compensation - SAINT PAUL INS.(WORKMANS)

Injury Date [required] Type of Accident Description of Injury

Insurer Information

Workmen's Comp Entity SAINT PAUL INS.(WORKMANS) Effective Date Enter date Expiration Date Enter date

Employer Name Group Name Group Number

Claim Information

Claim Filed Claim Number Claim Status

Date Last Worked Enter date Authorized Return to Work Enter date Patient's Attorney Name

Contact Info Disability Start Date Enter date Disability End Date Enter date

Notes

Save Cancel

Figure 5-17: **Workman's Compensation Insurance** page example

The fields shown in Table 5-10 are provided on the **Workman's Compensation Insurance** page.

Table 5-10: **Workman's Compensation Insurance** fields

Field	Notes
Injury Date	Date field
Type of Accident	Description the type of accident: 3 to 45 character limit
Description of Injury	Description of the injury: 3 to 45 character limit

Field	Notes
Insurer Information Section	
Workman's Comp Entity	Automatically populated with the Workman's Compensation entity
Effective Date	Date field
Expiration Date	Date field
Employer Name	Search box: Enter the name of the employer where the patient was employed at the time the injury occurred.
Group Name	Search box: Employer Group Insurance
Group Number	The Group's Insurance Number: Automatically populated when Group Name is entered.
Claim Information Section	
Claim Filed	Check box: Enable to indicate Yes
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.
Claim Status	Choose from list
Date Last Worked	Date field
Authorized Return to Work	Date field
Patient's Attorney Name	Patient's Attorney's name in LAST,FIRST format.
Contact Info	Basic contact information: 1 to 30 characters in length
Disability Start Date	Date field
Disability End Date	Date field
Notes	Free-text field for any notes needed

After you 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.

5.2.8 Adding a Guarantor

Click **Guarantor** on the right side of the **Alternate Resources** tab to display the **Guarantor** page (Figure 5-18) and add information about the guarantor to the patient's records. Required fields are noted on the form.

Figure 5-18: **Guarantor** page example

The fields shown in Table 5-11 are provided on the **Guarantor** page.

Table 5-11: **Guarantor** fields

Field	Notes
Guarantor	Search Box: Search for an existing Guarantor, or you can add a new one by typing a name in this search box, then selecting the Add option displayed on the drop-down list. When adding a new Guarantor, enter the name using a LAST, FIRST format.
Reference Number	3 – 30 character string
PO Number	Purchase Order Number: 3 to 30 character string
Date of Birth	Date field
Sex	Choose from list
Relation	Choose from list
Street	Guarantor's street address
City	Guarantor's city
State	Guarantor's state
Zip Code	Guarantor's Zip Code
Guarantor Eligibilities Section	
Start Date	Date field
End Date	Date field

After you have entered the necessary information on the **Add/Edit Guarantor Eligibility** form, click **OK** to save the eligibility.

To make changes to an existing eligibility, select the eligibility and click **Edit**.

To remove an existing eligibility, click **Remove** before the Guarantor policy has been 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.

5.3 Benefits Cases Tab

The **Benefits Cases** tab displays benefits case data for the current patient and provides a way to add to or edit this information. Figure 5-19 shows an example of the **Benefits Cases** tab display.

The screenshot displays the 'Benefits Cases' tab within a software interface. At the top, there are tabs for 'Profile', 'Benefits', and 'Appointments'. Below these, there are links for 'Alternate Resources', 'Benefits Cases' (which is active), and 'Prior Authorizations'. A 'Warnings' section shows 1 warning, and a 'Print Facesheet' button is present. The main area is divided into two sections, each representing a different benefits case. Each section includes a 'Status' dropdown menu, a 'My Cases' button, and a 'Sort By' dropdown menu set to 'Date Assigned'. The first case is assigned to 'HAYS, PROVIDER' on '4/25/2006' by 'OLINGER, PATRICK L'. It shows a table of applications with the following data:

Obtained On	Application Type	Person Receiving	Overall Status
01/12/2012	HEALTH CHOICE	ADMIN, SYSTEM	FOLLOW UP NEEDED
05/30/2012	MVA		ENTERED IN ERROR
06/12/2012	AAA APPLICATION TYPE		PENDING

The second case is assigned to 'HAYS, PROVIDER' on '4/23/2007' by 'KINSLAND, DIANNA R'. It shows a table of applications with the following data:

Obtained On	Application Type	Person Receiving	Overall Status
09/13/2011	DISABILITY		PENDING
09/28/2011	MEDICARE	HAYS, JOSEPH G	PENDING

Buttons for 'View Case Detail' and 'Add Application' are available for each case. The bottom of the screen shows a 'Page 1' indicator.

Figure 5-19: **Benefits Cases** tab example

Use the **Status** list box to display the patient's benefits cases by their status. You can choose to show Open, Closed, or All cases.

Click **My Cases** to see a listing of benefits cases that have only been assigned to you. Click the button again to show all of the benefits cases established for the selected patient.

Use the **Sort By** list box to display the patient's benefits cases grouped by either their status (active or inactive) or by the date they were assigned.

If necessary, use the scroll bar on the right side of the page to view the entire list of benefits cases. Also if necessary, use the right and left arrows at the lower left of the screen to switch between multiple pages of listings.

5.3.1 Adding a Benefits Case

Click **Add Case** to add a new benefits case to the selected patient's record. This displays a page similar to that shown in Figure 5-20:

Figure 5-20: **Add Case** page example

The **Add Case** page contains the fields shown in Table 5-12:

Table 5-12: **Add Case** fields

Field	Description
Patient	This field is automatically populated with the patient's name.
Case Type	Choose from list
Case Status	Choose from list
Assigned To	Search Box: Use this field to search for the user to whom the case is assigned.
Assigned By	Search Box: Use this field to search for the user who assigned the case.
Case Worker	Use this field to specify the name of the case worker for this benefits case. Use a LAST,FIRST name format when entering the Case Worker name.
Date Assigned	Date field

Field	Description
Case Number	Use this field to specify a unique identifying number for the case. When this field is used, the Case Number is displayed in the heading of the Add Case and Case Details pages. (The Case Details page is described in Section 5.3.2.)
Completed By	Search Box: Use this field to search for the user who completed the case.
Date Completed	Date field
Reason	Use this free-text field to enter a 3 to 45 character explanation for this particular benefits case.

When done, click **Save** to save the benefits case and add it to the patient's record, or click **Cancel** to exit from the **Add Case** page without saving your changes.

5.3.1.1 Adding a Benefits Case Application

Click **Add Application** on the **Add Case** page to add information about any benefits applications related to that particular benefits case. The fields displayed in the **Add Application** section are shown in Table 5-13:

Table 5-13: **Add Application** fields

Field	Description
Application Type	Use the Application Type list box to choose from a list of application types. Note that the application types available on this list are controlled by the Application Types option in the Table Maintenance section of the Settings Module. See Section 9.5 for more information about adding and editing application types.
Date Obtained	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 search box to specify who received the benefits application.

When done, click **OK** to accept the application and add it to the benefits case, or click **Cancel** to exit from the **Add Application** section without saving your changes.

Once **OK** has been clicked and the application is added, a new section is displayed on the page (Figure 5-21).

Figure 5-21: Benefits Case application submission section

Click **Submit** to indicate that the application has been submitted. The **Submit Application** dialog (Figure 5-22) is then displayed.

Figure 5-22: **Submit Application** dialog

The **Submit Application** dialog provides the fields shown in Table 5-14:

Table 5-14: **Submit Application** fields

Field	Description
Submitted By	Use this search box to specify who submitted the benefits case application.
Submitted Via	Use this list box to choose from a list of application submissions methods.
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.
Submission Reason	Use this free-text field to enter 3 to 45 characters of text explaining the reason for this particular benefits case.

After entering any necessary information, click **OK** to add the application. The **Submit** button will no longer be available and the submission fields will be populated.

Click **Save** on the page displayed to save the submitted benefits application, or click **Cancel** to cancel the application and return to the main **Benefits Cases** page.

5.3.2 Editing and Reviewing Benefits Case Details

Once a benefits case has been added to a patient's record, you can view and edit the case details. You can also add benefits applications to a specific case. Within the **Benefits Cases** tab, each individual case is displayed in a separate section. Figure 5-23 shows an example of an individual benefits case record.

Assigned To	HAYS, PROVIDER	Status	
Date Assigned	5/28/2011	Assigned By	OLINGER, PATRICK L
Reason	MCR ELIG		

Obtained On	Application Type	Person Receiving	Overall Status
05/30/2011	MEDICAID	ADAMS, CAMERON M	RE-SUBMITTED
05/30/2011	MEDICAID	ADAMS, CAMERON M	RE-SUBMITTED
05/30/2011	MEDICAID	ADAMS, CAMERON M	RE-SUBMITTED
05/30/2011	MEDICAID	ADAMS, CAMERON M	RE-SUBMITTED
06/10/2011	DISABILITY	AIELLO, TREY H	PENDING
06/15/2011	MEDICARE	MANICK, ROSEMARY L	REFUSED
06/20/2011	PRIVATE INSURANCE	MANGONE, JENNIFER	PENDING
08/30/2011	MEDICAID	HAYS, JOSEPH G	PENDING
08/30/2011	MEDICAID	HAYS, JOSEPH G	PENDING
09/14/2011	MEDICARE	PERKINS, WILLIAM B	PENDING

Figure 5-23: Individual Benefits Case record example

Click **View Case Detail** to open the case record. Once open, you can view or edit any of these fields:

- Status
- Case Worker
- Date Assigned
- Case Number
- Completed By
- Date Completed
- Reason

When done, click **Save** to save any changes to the benefits case and add it to the patient's record, or click **Cancel** to exit from the **View Case detail** page without saving your changes.

Similarly, click **Add Application** to add a new application to the benefits case. Once open, you can view or edit any of the case details listed in Section 5.3.1, and you can add a new application using the fields described in Section 5.3.1.1. When done, click **OK** accept the application and add it to the benefits case, or click **Cancel** to exit from the **Add Application** section without saving your changes.

5.4 Prior Authorizations Tab

The **Prior Authorizations** tab displays prior authorizations and related data for the current patient and provides a way to add to or edit this information. Figure 5-24 shows an example of the **Prior Authorizations** tab.

The screenshot displays the 'Prior Authorizations' tab within a software interface. At the top, there are tabs for 'Profile', 'Benefits', and 'Appointments', with 'Benefits' being the active tab. Below this, there are sub-tabs for 'Alternate Resources', 'Benefits Cases', and 'Prior Authorizations'. The 'Prior Authorizations' sub-tab is selected, showing a list of two prior authorization entries. Each entry includes details such as Type, Insurer, Status, Number, Visits Authorized, Date Authorized, Encounter Date, and Encounter Notes. The first entry is for an outpatient visit with a status of PENDING, authorized on 08/11/2012, with 6 visits authorized. The second entry is for an inpatient visit with a status of DENIED, authorized on 03/14/2012, with 123456748 prior-auth number. The interface also includes filters for Type and Status, a Sort By dropdown, and a 'View Detail' button for each entry. A table of authorizing contacts is shown for the second entry, with columns for Contact Date, Contact Person, and Notes. The table shows one contact on 03/14/2012. The interface also includes a 'Warnings' section with a count of 1 and a 'Print Facesheet' button.

Type	Status	Sort By	Add Prior Authorization
All	All	Encounter Date	

Type	OUTPATIENT	Number	8723451	Visits Authorized	6	View Detail
Insurer	BLUE CROSS - PHILADELPHIA			Date Authorized	08/11/2012	
Status	PENDING	Service Category	OUTPATIENT	Encounter Date	06/17/2012	
Encounter Notes	Follow Up on 6/19/2012					
Authorizing Contacts	No Authorizing Contacts					
Additional Visits						No Additional Visits

Type	INPATIENT	Prior-Auth Number	123456748	Days Authorized		View Detail					
Insurer	MEDICARE			Date Authorized							
Status	DENIED			Admission/Visit Date	03/14/2012						
Encounter Notes											
Authorizing Contacts	<table border="1"> <thead> <tr> <th>Contact Date</th> <th>Contact Person</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td>03/14/2012</td> <td></td> <td></td> </tr> </tbody> </table>						Contact Date	Contact Person	Notes	03/14/2012	
Contact Date	Contact Person	Notes									
03/14/2012											
Additional Visits						No Additional Visits					

Page 1

Figure 5-24: **Prior Authorizations** tab example

Use the up and down navigation arrows and the scroll bar on the right side of the page to move between each prior authorization and to view the entire list.

Use the **Type** list box to display the patient's prior authorizations sorted by their type. You can choose to show Inpatient, Outpatient, or All prior authorization types.

Use the **Status** list box to display the patient's prior authorizations sorted by their status. Select one status from among these choices:

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

- Re-submitted

Use the **Sort By** list box to display the patient's prior authorizations grouped by these choices:

- Encounter Date
- Status
- Type

5.4.1 Adding a Prior Authorization

Click **Add Prior Authorization** to add a prior authorization to the patient's records. A page similar to that shown in Figure 5-25 is displayed.

Figure 5-25: **Add Prior Authorization** page example

The **Add Prior Authorization** page contains the fields shown in Table 5-15:

Table 5-15: **Add Prior Authorization** page fields

Field	Description
Patient	This field is automatically populated with the patient's name.
Authorization Type	Choose from list
Admission/Visit Date	Date field
Insurer	Search Box: Use this field to specify the patient's insurer.

Field	Description
Authorization Number	Use this field to specify the authorization number (3 to 30 characters in length) for this patient's admission or visit.
Authorization Status	Choose from list
Authorization Date	Date field
Authorized Days	Use this field to specify the number of days authorized for this authorization instance.
Encounter Notes	Use this free-text field to enter a 3 to 45 character explanation regarding this specific authorization.

When done entering the appropriate information, click **Save** to save the information to the patient's record, or click **Cancel** to exit from the page without saving your changes.

5.4.1.1 Adding an Authorizing Contact

Click **Add Contact** on the **Add Prior Authorization** page to add an Authorizing Contact to the patient record. This displays a form similar to that shown in Figure 5-26.

Figure 5-26: Add Contact form

The Add Contact form contains the fields shown in Table 5-16:

Table 5-16: Add Contact fields

Field	Description
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	Use this field to record the name of the contact person for this authorization.
Contact Notes	Use this field to enter any notes that may be useful for this particular prior authorization.

After entering the new authorization contact information, click **OK** to save your changes and return to the **Prior Authorization** details page, or click **Cancel** to return to the **Prior Authorization** details page without saving your changes.

5.4.1.2 Adding Additional Days/Visits

Click **Add Additional Days/Visits** on the **Add Prior Authorization** page to authorize additional inpatient care days or outpatient visits for the patient. This displays a form similar to that shown in Figure 5-27.

The screenshot shows a web form titled "Additional Days/Visits". It features four input fields at the top, each marked as "[required]": "Date Obtained" (with a calendar icon), "Contact Person", "Reference Number", and "Days". Below these fields is a large text area labeled "Notes". At the bottom right of the form are two buttons: "OK" and "Cancel".

Figure 5-27: **Add Additional Days/Visits** form

The **Add Additional Days/Visits** form contains the fields shown in Table 5-17:

Table 5-17: **Add Additional Days/Visits** fields

Field	Description
Date Obtained	Use this field to 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	Use this field to record the name of the contact person for this authorization.
Reference Number	Use this field to show the reference number for the additional authorization.
Days/Visits	Use this field to enter the number of additional days or visits authorized for the patient. The label for this field varies depending on the type of authorization. For Inpatient authorizations, enter the number of authorized additional days. For Outpatient authorizations, enter the number of authorized additional visits.
Notes	Use this field to enter any notes that may be useful for this particular authorization.

After adding more days or visits, click **OK** to save your changes and return to the **Prior Authorization** details page, or click **Cancel** to return to the **Prior Authorization** details page without saving your changes.

5.4.2 Editing and Reviewing Prior Authorization Details

Once a prior authorization has been added to a patient's record, you can view and edit the authorization details. You can also add additional days or visits to an existing prior authorization to a specific case. Within the **Prior Authorizations** page, each individual authorization is displayed in a separate section. Figure 5-28 shows an example of an individual prior authorization record.

Type	INPATIENT	Prior-Auth Number	6548976	Days Authorized	35	View Detail										
Insurer	ALLSTATE	Date Authorized	10/12/2011													
Status	APPROVED	Admission/Visit Date	10/12/2011													
Encounter Notes	This is a sample encounter note.															
Authorizing Contacts	<table border="1"> <thead> <tr> <th>Contact Date</th> <th>Contact Person</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td>10/12/2011</td> <td>SULLIVAN, ANNE</td> <td>This is a sample contact note.</td> </tr> <tr> <td>10/25/2011</td> <td>JONES, TOM</td> <td>This is another sample contact note.</td> </tr> </tbody> </table>						Contact Date	Contact Person	Notes	10/12/2011	SULLIVAN, ANNE	This is a sample contact note.	10/25/2011	JONES, TOM	This is another sample contact note.	
Contact Date	Contact Person	Notes														
10/12/2011	SULLIVAN, ANNE	This is a sample contact note.														
10/25/2011	JONES, TOM	This is another sample contact note.														
Additional Visits	<table border="1"> <thead> <tr> <th>Obtained On</th> <th>Contact</th> <th>Reference No.</th> <th>Days</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td>10/14/2011</td> <td>JONES, DOW</td> <td>54879</td> <td>14</td> <td>This is a sample note for additio</td> </tr> </tbody> </table>						Obtained On	Contact	Reference No.	Days	Notes	10/14/2011	JONES, DOW	54879	14	This is a sample note for additio
Obtained On	Contact	Reference No.	Days	Notes												
10/14/2011	JONES, DOW	54879	14	This is a sample note for additio												

Figure 5-28: Individual prior authorization record example

Click **View Detail** to open the authorization record. A page similar to that shown in Figure 5-29 is displayed.

Prior Authorization

Patient	[required] DOEJOHN	Authorization Type	[required] INPATIENT	Admission/Visit Date	[required] 10/12/2011										
Insurer	[required] ALLSTATE	Authorization Number	[required] 6548976	Authorization Status	[required] APPROVED										
Authorization Date	10/12/2011	Authorized Days	35												
Encounter Notes This is a sample encounter note.															
Authorizing Contact <table> <thead> <tr> <th>Contact Date</th> <th>Contact Person</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td>10/12/2011</td> <td>SULLIVAN, ANNE</td> <td>This is a sample contact note.</td> </tr> <tr> <td>10/25/2011</td> <td>JONES, TOM</td> <td>This is another sample contact note.</td> </tr> </tbody> </table>						Contact Date	Contact Person	Notes	10/12/2011	SULLIVAN, ANNE	This is a sample contact note.	10/25/2011	JONES, TOM	This is another sample contact note.	
Contact Date	Contact Person	Notes													
10/12/2011	SULLIVAN, ANNE	This is a sample contact note.													
10/25/2011	JONES, TOM	This is another sample contact note.													
Additional Days/Visits <table> <thead> <tr> <th>Obtained On</th> <th>Contact</th> <th>Reference No.</th> <th>Days</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td>10/14/2011</td> <td>JONES, DOW</td> <td>54879</td> <td>14</td> <td>This is a sample note for additional days/vi</td> </tr> </tbody> </table>						Obtained On	Contact	Reference No.	Days	Notes	10/14/2011	JONES, DOW	54879	14	This is a sample note for additional days/vi
Obtained On	Contact	Reference No.	Days	Notes											
10/14/2011	JONES, DOW	54879	14	This is a sample note for additional days/vi											

[Save](#)
[Cancel](#)

Figure 5-29: Individual Prior Authorization details example

Once open, you can view or edit any of these fields:

- Authorization Status
- Authorization Date
- Authorized Days/Visits
- Service Category

- Encounter Notes

After making any needed changes, click **Save** to save your changes and return to the main **Prior Authorizations** page, or click **Cancel** to return to the page without saving your changes. If you need to add a new contact or additional days or visits to the prior authorization, follow the steps in Sections 5.4.2.1 and 5.4.2.2 before clicking **Save**.

5.4.2.1 Adding a Contact

Click **Add Contact** on the **Prior Authorization** details page to add a new authorizing contact. Once open, you can add a new contact using the fields described in Section 5.4.1.1.

After entering the new authorization contact information, click **OK** to save your changes and return to the **Prior Authorization** details page, or click **Cancel** to return to the **Prior Authorization** details page without saving your changes.

5.4.2.2 Adding Additional Days or Visits

Click **Add Additional Days/Visits** on the **Prior Authorization** details page to add additional days or visits to an existing prior authorization. These fields are provided:

- Date Obtained
- Contact Person
- Reference Number
- Days (or Visits)
- Notes

After adding more days or visits, click **OK** to save your changes and return to the **Prior Authorization** details page, or click **Cancel** to return to the **Prior Authorization** details page without saving your changes.

6.0 Appointments Tab

The **Appointments** tab (Figure 6-1) shows a comprehensive listing of appointments for the selected patient.



Figure 6-1: **Appointments** tab

An example of the **Appointments** tab page is shown in Figure 6-2.

	Phone Number	Appointment Date	Scheduled Time	Length	Clinic	Status	Scheduled On	Scheduled By	Check In Time	Checked In By	Check Out
☐	555-555-5768	6/30/2012	4:15 PM	15 min	AAA DEMO CLINIC	Scheduled	6/27/2012	ADMIN,SYSTEM			
☐	555-555-5768	6/29/2012	2:10 PM	40 min	CLINIC4	Scheduled	6/22/2012	HISTIA,AMANDA			
☐	555-555-5768	6/29/2012	12:50 PM	30 min	CLINIC4	Cancelled By Clinic	6/22/2012	HISTIA,AMANDA			
☐	555-555-5768	6/29/2012	12:30 PM	15 min	AAA DEMO CLINIC	Scheduled	6/27/2012	ADMIN,SYSTEM			
☐	555-555-5768	6/27/2012	4:15 PM	15 min	AAA DEMO CLINIC	Cancelled By Clinic	6/27/2012	ADMIN,SYSTEM			
☐	555-555-5768	6/27/2012	1:15 PM	15 min	AAA DEMO CLINIC	Scheduled	6/27/2012	ADMIN,SYSTEM			
☐	555-555-5768	6/26/2012	1:00 PM	15 min	AAA DEMO CLINIC	Cancelled By Clinic	6/26/2012	ADMIN,SYSTEM			
☐	555-555-5768	6/26/2012	9:00 AM	15 min	AAA DEMO CLINIC	Checked In	6/21/2012	ADMIN,SYSTEM	11:00 AM	ADMIN,SYSTEM	
☐	555-555-5768	6/20/2012	10:00 AM	15 min	AAA DEMO CLINIC	Scheduled	6/20/2012	ADMIN,SYSTEM			
☐	555-555-5768	6/12/2012	10:15 AM	15 min	AAA DEMO CLINIC	Scheduled	6/12/2012	ADMIN,SYSTEM			
☐	555-555-5768	6/11/2012	9:45 AM	15 min	ALEXANDER-PEDS	Cancelled By Patient	6/12/2012	ADMIN,SYSTEM			
☐	555-555-5768	6/11/2012	9:30 AM	15 min	ALEXANDER-PEDS	No Show	6/11/2012	ADMIN,SYSTEM			
☐	555-555-5768	6/7/2012	4:00 PM	15 min	ALEXANDER-PEDS	Checked In	6/7/2012	ADMIN,SYSTEM	3:51 PM	ADMIN,SYSTEM	
☐	555-555-5768	6/7/2012	3:00 PM	15 min	ALEXANDER-PEDS	Checked Out	6/7/2012	ADMIN,SYSTEM	1:03 PM	ADMIN,SYSTEM	3:35 PM
☐	555-555-5768	6/7/2012	9:30 AM	15 min	AAA DEMO CLINIC II	Checked In	6/7/2012	ADMIN,SYSTEM	1:02 PM	ADMIN,SYSTEM	
☐	555-555-5768	6/7/2012	8:00 AM	15 min	AAA DEMO CLINIC	Checked In	6/7/2012	ADMIN,SYSTEM	1:02 PM	ADMIN,SYSTEM	

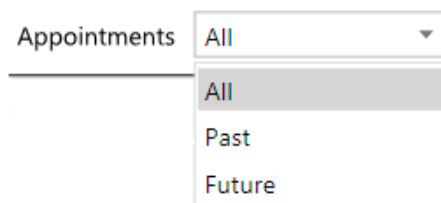
Figure 6-2: **Appointments** tab page example

6.1 Filtering and Printing

The **Appointments** tab page provides filters to quickly find appointments by various criteria, to sort them, and to print standard appointment-related letters to be sent to the patient.

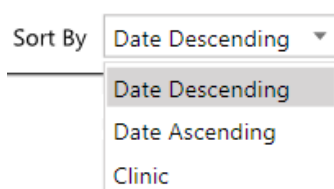
6.1.1 Appointments Filter

Use the **Appointments** filter list (Figure 6-4) to show All appointments, Past appointments only, or Future appointments only.

Figure 6-3: **Appointments** filter list box

6.1.2 Sort By Filter

Use the **Sort By** filter list (Figure 6-4) to sort the listed appointments by descending or ascending date, or by clinic.

Figure 6-4: **Sort By** filter list box

6.1.3 Letter Printing Options

Click **Print** on the upper right of the **Appointments** page to display the listing shown in Figure 6-5.

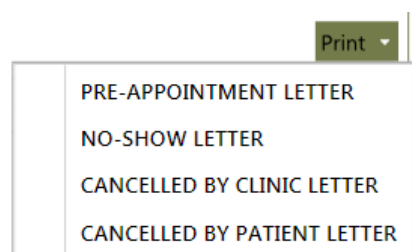


Figure 6-5: Print list box

Use the **Print** list box to print the following patient letters:

- **Pre-appointment Letter**
- **No-show Letter**
- **Cancelled by Clinic Letter**
- **Cancelled by Patient Letter**

You must first select one or more specific appointments before you can print the related letter(s). For example, in order to print a No-show Letter, you must first select one or more appointments for which the status is shown as “No Show”. To select an appointment, enable the check box on the left side of the appointment listing. See Section 6.1.4 for information about finding and selecting appointments based on their status.

The text contained within the available letters is controlled through the Letters tab on the Clinic Configuration page for each clinic. See Chapter 4 of the *BMW Scheduling Module User Manual* for more information about clinic configuration options and the Letters tab.

6.1.4 Finding and Selecting Appointments by Status

The **Appointments** tab page also provides a convenient way to select all appointments of a particular status. The **Status** filter list (Figure 6-6) is located in the upper left corner of the **Appointments** tab page as part of the first column.

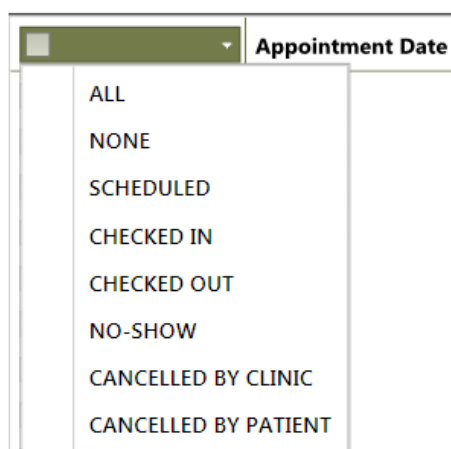


Figure 6-6: **Status** filter list

Select any of the options shown on the list to highlight all appointments that fit the selected criteria. This also causes those appointments to be selected via the check box, which is useful for printing patient letters as described in Section 6.1.3.

6.2 Appointment Information Listed

The following information is listed for each appointment (when applicable):

- Phone Number
- Appointment Date
- Scheduled Time
- Length

- Clinic
- Status
- Scheduled On
- Scheduled By
- Check In Time
- Checked In By
- Check Out Time
- Checked Out By
- No Show/Cancel Time
- No Show/Cancel By
- Comments
- Cancellation Reason
- Cancellation Remarks

6.3 Managing Patient Appointments

The **Appointments** tab provides a streamlined way to check a patient in or out of an appointment, or to change the status of an appointment. Right-click an appointment in the **Appointments** tab listing to select the appointment and display a context menu offering these options:

- **Check-In Appointment**
- **Check-Out Appointment**
- **Cancel Appointment**
- **No-Show Appointment**

Figure 6-7 shows an example of the context menu.

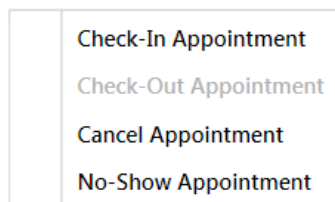


Figure 6-7: **Appointments** Tab context menu

The options available from this context menu will vary, depending on the current status of the selected appointment. Only one appointment can be selected at a time in order to use the context menu options. Choose any of the active options to update the appointment status.

7.0 Benefits Module

The BMW Benefits module provides a list-style overview of all benefits cases for a site. In cases where a site includes multiple divisions, this overview covers all of the divisions within the site.

When using the Benefits module, you have the option of viewing all the benefits cases for the site, or only those cases assigned to you. You can also filter the list of benefits cases by status, and sort the list in several ways.

Click **Benefits** in the BMW taskbar to open the Benefits module. Figure 7-1 shows an example of a typical **Benefits** module page.

The screenshot shows the BMW Benefits module interface. At the top, there is a header bar with 'Register Patient', a search bar, 'Advanced Search', and a dropdown menu set to 'DEMO HOSPITAL'. Below the header, there are filters for 'Status' (set to 'All') and 'My Cases', a 'Sort By' dropdown (set to 'Date Assigned'), and an 'Add Case' button. The main content area displays three patient cases, each with a 'View Case Detail' button and an 'Add Application' button.

Case 1: SAMPSON, CURRY ALLEN

Obtained On	Application Type	Person Receiving	Overall Status
04/25/2012	DISABILITY	ADMIN, SYSTEM	APPROVED
05/30/2012	MEDICAD	ADMIN, SYSTEM	PENDING
05/30/2012	AAA APPLICATION TYPE II	ADMIN, SYSTEM	PENDING
06/04/2012	PRIVATE INSURANCE	DEMO, MARY ANNE	PENDING

Case 2: PONCHO, TYLER

Obtained On	Application Type	Person Receiving	Overall Status
05/30/2012	HEALTH CHOICE	ADMIN, SYSTEM	PENDING

Case 3: ARNOLD, RICKY

Obtained On	Application Type	Person Receiving	Overall Status
-------------	------------------	------------------	----------------

At the bottom, there is a taskbar with buttons for 'Patients', 'Benefits' (highlighted), 'Prior Auths', 'Scheduling', 'Settings', 'Reports', and 'Tasks'.

Figure 7-1: **Benefits** module page example

Each page displayed within the Benefits module contains a list of benefits cases (one entry per case number), with a listing of benefit applications associated with each individual benefits case. Use the scroll bar on the right of the page to view the complete page, and use the right and left arrows at the lower left of the page to navigate from one page to another.

7.1 Managing Benefits Cases

The actions available from within the Benefits module are largely duplicates of the tasks that can be done from the **Benefits** tab in the Patients module. The key difference is that the Benefits module shows multiple patients at once, whereas the **Benefits** tab in the Patients module shows only one patient at a time.

7.1.1 Filtering Benefits Cases

By default, the Benefits module shows all of the benefits cases for your site. You can filter this view in various ways to make finding a specific case easier.

Use the **Status** filter list in the upper left of the Benefits module page to show only Open, Closed, or All benefits cases.

You can also choose to only show the benefits cases that have been assigned to you. Click **My Cases** in the upper left of the Benefits module page to alternately toggle between showing only your cases and showing all cases. In either view, the Status filter will also be in effect. For example, by using the Status filter and the My Cases option, you can filter the list of benefits cases to show only your closed cases.

7.1.2 Sorting Benefits Cases

Use the **Sort By** list box in the upper right of the Benefits module page to sort the list of benefits cases by Date Assigned, Status, or the Patient Name.

7.1.3 Adding a Benefits Case

Click **Add Case** in the upper right of the Benefits module page to add a new benefits case. A new page is displayed with the same forms and fields as shown when adding a benefits case from within the **Benefits** tab of the Patients module. See Section 5.3 for complete information about adding a benefits case.

7.1.4 Viewing Case Details

Click **View Case Details** on the right side of an individual benefits case listing to see a detailed view of that case. This will display the case details in the same manner as viewing case details from the **Benefits** tab of the Patients module. See Section 5.3.2 for complete information about the detailed case view.

7.1.5 Adding a Benefits Application

Click **Add Application** on the right side of an individual benefits case listing to add a new benefits application to that case. This will open the case details page in the same manner as adding an application from within the **Benefits** tab of the **Patients** module. See Section 5.3.1.1 for complete information about adding a benefits case application.

8.0 Prior Authorizations Module

The BMW Prior Authorizations module provides a list-style overview of all prior authorizations for a site. In cases where a site includes multiple divisions, this overview covers all of the divisions within the site.

When using the Prior Authorizations module, you have the option to filter the list of prior authorizations by type and status and to sort the list in several ways.

Click **Prior Auths** in the BMW taskbar to open the Prior Authorizations module. Figure 8-1 shows an example of a typical Prior Authorizations module page.

The screenshot displays the BMW Prior Authorizations module interface. At the top, there is a header bar with a search bar, a 'Register Patient' button, and a 'DENO HOSPITAL' dropdown. Below the header, there are filters for 'Type' (All) and 'Status' (All), and a 'Sort By' dropdown set to 'Encounter Date'. A 'Add Prior Authorization' button is also present.

The main content area shows three patient records, each with a 'View Detail' button. The first record is for BRIDGE, ELIZABETH ANN, with Type: OUTPATIENT, Insurer: BLUE CROSS BLUE SHIELD-N.C., Status: PENDING, and Number: AC125088. The second record is for ALPHA, JULIE MARIE, with Type: OUTPATIENT, Insurer: BLUE CROSS BLUE SHIELD-N.C., Status: PENDING, and Number: AC1234578. The third record is for BETA, DELORES ELAINE, with Type: OUTPATIENT, Insurer: BLUE CROSS BLUE SHIELD-N.C., Status: PENDING, and Number: AC123456.

Each record includes a table of 'Additional Visits' with columns: Obtained On, Contact, Reference No., Visits, and Notes.

Obtained On	Contact	Reference No.	Visits	Notes
03/07/2012	DOE, JANE		2	2 EXTRA DAYS AUTHORIZED
03/07/2012	DOE, JANE	874651C	2	2 EXTRA DAYS AUTHORIZED

The bottom of the page features a navigation bar with buttons for Patients, Benefits, Prior Auths (highlighted), Scheduling, Settings, Reports, and Tasks. The page number 'Page 4' is displayed in the bottom right corner.

Figure 8-1: **Prior Authorizations** module page example

Each page displayed within the Prior Authorizations module contains a list of prior authorizations (one entry per authorization number), with listings of authorizing contacts and additional visits for each authorization. Use the scroll bar on the right of the page to view the complete page, and use the right and left arrows at the lower left of the page to navigate from one page to another.

8.1 Managing Prior Authorizations

The actions available from within the Prior Authorizations module are largely duplicates of the tasks that can be done from the **Prior Authorizations** page within the **Benefits** tab in the Patients module. The key difference is that the Prior Authorizations module shows multiple patients at once, whereas the **Prior Authorizations** page in the Patients module shows only one patient at a time.

8.1.1 Filtering Prior Authorizations

By default, the Prior Authorizations module shows all of the prior authorizations for your site. You can filter this view in various ways to make finding a specific authorization easier.

Use the **Type** list box to display the patient's prior authorizations by their type. You can choose to show Inpatient, Outpatient, or All prior authorization types.

Use the **Status** list box to display the patient's prior authorizations sorted by their status. Select one status from among these choices:

- All
- Approved
- Authorization Not Needed
- Denied
- Entered In Error
- Follow Up Needed
- Pending
- Refused
- Re-Submitted

The Type and Status filters work together. For example, by using the Type filter and the Status filter, you can filter the list of prior authorizations to show only inpatient authorizations that have been denied.

8.1.2 Sorting Benefits Cases

Use the **Sort By** list box in the upper right of the Prior Authorizations module page to display the list of prior authorizations grouped by one of these criteria:

- Encounter Date
- Status
- Type

8.1.3 Adding a Prior Authorization

Click **Add Prior Authorization** in the upper right of the Prior Authorizations module page to add a new prior authorization. When you do this, a new page is displayed with the same forms and fields as shown when adding a prior authorization from within the **Benefits** tab of the Patients module. See Section 5.4.1 for complete information about adding a new prior authorization.

8.1.4 Viewing Prior Authorization Details

Click **View Detail** on the right side of an individual prior authorization listing to see a detailed view of that authorization. This will display the authorization details in the same manner as viewing them from the **Benefits** tab of the Patients module. See Section 5.4.2 for complete information about viewing and editing prior authorizations.

9.0 Patient Registration Configuration

Unlike the other modules in the Practice Management Application Suite (BMW), the Settings module does not directly control or modify patient records. Instead, it controls a variety of application settings for other modules by allowing you to change or add such things as available appointment types, employer names, insurers, and clinics. Changes made within the Settings module are typically done by a Supervisor or Site Manager. In most cases, once these settings have been established, they will rarely need to be changed.

Note: The options available in the Settings module may vary for different users, depending on the RPMS functionality enabled at your site and the access permissions granted to each user.

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

Open the Settings module by clicking **Settings** in the Taskbar, as shown in Figure 9-1.



Figure 9-1: Taskbar with **Settings** module highlighted

The selection pane on the left side of the Settings module displays a list of available options. The information displayed on the right side of the screen varies, depending on the option chosen. The settings that affect the Patient Registration module are found on the **Table Maintenance** page of the Settings module.

Click **Table Maintenance** in the selection pane of the Settings Module to see the main **Table Maintenance** page. Figure 9-2 shows an example of the Settings module with the **Table Maintenance** page displayed.

Figure 9-2: Settings Module - **Table Maintenance** page

The individual options available from the **Table Maintenance** page are described in the User Manual for the module affected by that option, as shown in Table 9-1.

Table 9-1: Settings module – **Table Maintenance** options

Option	Described In
Eligibility Modifiers	<i>BMW Patient Registration User Manual</i>
Employer Group Insurance	<i>BMW Patient Registration User Manual</i>
Employers	<i>BMW Patient Registration User Manual</i>
Insurers	<i>BMW Patient Registration User Manual</i>
Patient Application Types	<i>BMW Patient Registration User Manual</i>
Access Types	<i>BMW Scheduling Module User Manual</i>
Resource Groups	<i>BMW Scheduling Module User Manual</i>

9.1 Eligibility Modifier Settings

Use the **Eligibility Modifiers** option on the **Table Maintenance** page to add eligibility modifiers to the RPMS database or edit existing ones. Once established, eligibility modifiers are available as options in the **Eligibility Status** and **Eligibility Reasons** fields within the **Personal Detail** section of the **Demographics** page, as described in Section 4.1.1 of this manual.

To use this option, click **View** next to the **Eligibility Modifiers** label on the **Table Maintenance** page. An **Eligibility Modifiers** listing page similar to that shown in Figure 9-3 will be displayed.

Name	Type
1ST DESCENDANT WITHIN CHSDA	C
AAA ELIG MODIFIER	N
AAA ELIG MODIFIER GOLD	P
AAA ELIG MODIFIER MODIFIER	C
AAA PREM ELIG MODIFIER	I
AAA PREMIUM ELIG MOD I	ICDP
AAA PREMIUM ELIG MODIFIER	I
BAPTISMAL RECORD	NL
CERTIFICATE OF DEGREE OF INDIAN BLOOD	D
CONSENT FOR MEDICAL CARE OF A MINOR	L
COURT ORDER	L
COURT ORDER	N
DESCENDANT FROM FED. RECOGNIZED TRIBE	ICDP
DESCENDANT FROM FEDERALLY RECOGNIZED TRIBE	D
DISSOLUTION DECREE	NL

Figure 9-3: **Eligibility Modifiers** listing page

9.1.1 Filtering and Sorting the Eligibility Modifiers Listing

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

- Use the **Type** list box to filter the listing of modifiers by type.
- 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 Eligibility Modifiers** box in the upper right corner of the **Eligibility Modifiers** listing page to filter the list, and then use the vertical scroll bar on the right side of the page and/or the left and right arrows in the lower left corner of the page to find a specific modifier.

9.1.2 Adding Eligibility Modifiers

Follow these steps to add a new eligibility modifier to the RPMS database:

7. Click **Add** on the **Eligibility Modifiers** listing page. The blank **Eligibility Modifiers** form shown in Figure 9-4 will be displayed.

Figure 9-4: Blank **Eligibility Modifiers** form

8. Type a description for the eligibility modifier in the **Modifier Description** field.
9. Select a modifier type from the **Type** list box. These choices are available:
 - I - Ineligible
 - C - CHS and direct
 - D - Direct Only
 - P - Pending verification
 - L – Legal docs
 - N – Name change
 - NL – Combination of options N and L above
 - ICDP – Combination of options I, C, D, and P above
10. When done, click **Save** to save the new eligibility modifier, or click **Cancel** to close the form without saving the new modifier.

9.1.3 Editing Eligibility Modifiers

Follow these steps to edit an eligibility modifier that was locally added to the RPMS database:

1. Type the first few letters of an eligibility modifier in the **Filter Eligibility Modifiers** box in the upper right corner of the **Eligibility Modifiers** listing page to filter the list, and then use the vertical scroll bar on the right side of the page and/or the left and right arrows in the lower left corner of the page to find a specific modifier.
2. Select the eligibility modifier to be edited, and then click **Edit** in the upper right corner of the page to edit the selected group insurance. (Alternatively, you can double-click the name of the group insurance.)

- After making any changes necessary, click **Save** to save your changes and close the **Eligibility Modifiers** form, or click **Cancel** to close the form without saving your changes.

9.2 Employer Group Insurance Settings

Use the **Employer Group Insurance** option on the **Table Maintenance** page to add employer group insurance to the RPMS database or edit information about existing group insurance. To use this option, click **View** next to the **Employer Group Insurance** label on the **Table Maintenance** page. A **Group Insurance** listing page similar to that shown in Figure 9-5 will be displayed.

Group Name	Group Number
AETNA LEVI	319863-12131
AETNA LIFE & CASUALTY	60054 0114
AETNA LIFE AND CASUALTY	59559
AETNA LIFE INSURANCE COMPANY	393729-12-000
AETNA SMALL GROU[	264427
AETNA-DENTAL	10065210699
AF9A	AF9A
AFLAC	AFLAC
AGERE	915019-015-00001
AGL PROPANE	AGL
AGP-5601	AGP-5601
ALLIANT	790000

Figure 9-5: **Group Insurance** listing page

9.2.1 Filtering and Sorting the Employer Group Insurance Listing

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

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

9.2.2 Adding Group Insurance

Follow these steps to add a new employer group insurance to the RPMS database:

1. Click **Add** on the **Group Insurance** listing page to create a new Group Insurance. The **Group Insurance** form shown in Figure 9-6 will be displayed.

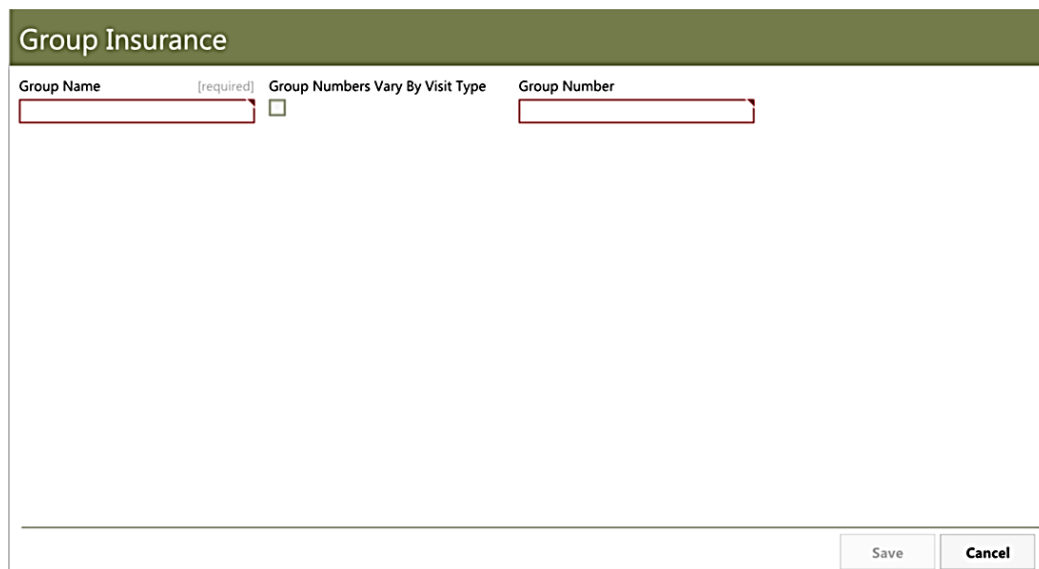
The image shows a web form titled "Group Insurance" with a dark green header. Below the header, there are three input fields: "Group Name" with a "[required]" label, "Group Numbers Vary By Visit Type" with a checkbox, and "Group Number". The "Group Name" and "Group Number" fields have red borders. At the bottom right of the form, there are "Save" and "Cancel" buttons.

Figure 9-6: Blank **Group Insurance** 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. (See Section 9.2.3.1 for more information about adding and editing visit types.)

9.2.3 Editing Group Insurance

Follow these steps to edit an existing group insurance entry in the RPMS database:

1. Type the first few letters of the group insurance name in the **Filter Group Insurance** box in the upper right corner of the **Group Insurance** listing page to filter the list, and then use the vertical scroll bar on the right side of the page and/or the left and right arrows in the lower left corner of the page to find the group insurance to be edited. Figure 9-7 shows an example of using *al* as the filter term to find ALCOA.

Group Name	Group Number
ALAMEDA CONTRA COSTA TRANSIT	663215
ALAMEDA--CONTRA COSTA TRANSIT	UHEALTH
ALAMEDA-CONTRA COSTA TRANSIT	0663215
ALCO	87726
ALCOA	
ALEGENT HEALTH	LUM001
ALLEGHENY ENERGY	43924-01
ALLEN FREIGHT	370007
ALLEN WARD CONSTRUCTORS	379619
ALLIANCE	B12A 3288993
ALLIANCE-	00003000
ALLISONS	NCA207-1094

Figure 9-7: Filtered **Group Insurance** listing

2. Select the group insurance to be edited, and then click **Edit** in the upper right corner of the page to edit the selected group insurance. (Alternatively, you can double-click the name of the group insurance.) Figure 9-8 shows an example of the **Group Insurance** form ready to be edited.

Group Name	Group Numbers Vary By Visit Type	Group Number
ALCOA	☐	

Visit Types	
Name	Group Number(Visit Specific)
INPATIENT	214598
PHARMACY	354897

Figure 9-8: **Group Insurance** form open for editing

3. Once the form is open for editing, you can change the **Group Name**, **Group Numbers Vary By Visit Type**, and **Group Number** fields as necessary. (The **Visit Type** options are described in Sections 9.2.3.1 and 9.2.3.2.) After making any changes necessary, click **Save** to save your changes and close the **Group Insurance** form, or click **Cancel** to close the form without saving your changes.

9.2.3.1 Adding Visit Types

When editing a group insurance entry, you 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 Section 9.2.3, click **Add** in the **Visit Types** section of the page. A blank **Visit Type** edit pane is displayed as shown in Figure 9-9.

The image shows a software interface for editing group insurance. At the top is a green header bar with the text 'Group Insurance'. Below this, there are two rows of fields. The first row has 'Group Name' with a '[required]' label and a text box containing 'ALCOA', followed by 'Group Numbers Vary By Visit Type' with a checked checkbox. The second row is enclosed in a box and contains 'Visit Type' with a dropdown menu and 'Group Number(Visit Specific)' with a text box. Below this box are 'OK' and 'Cancel' buttons. At the very bottom of the form are 'Save' and 'Cancel' buttons.

Figure 9-9: Blank **Visit Type** edit pane

2. Select the appropriate visit type from the **Visit Type** list box.
3. If the **Group Numbers Vary By Visit Type** option is enabled, the **Group Number (Visit Specific)** field is also displayed. If it is displayed, enter the group number for that particular visit type.
4. After adding the appropriate information, click **OK** to save the new visit type, or click **Cancel** to close the **Visit Type** edit pane without saving your changes.

9.2.3.2 Editing Visit Types

Follow these steps to edit an existing visit type:

1. After opening the group insurance to be edited as described in Section 9.2.3, select the visit type to be edited in the **Visit Types** section of the page, and then click **Edit**. The **Visit Type** edit pane is displayed as shown in Figure 9-10.

The image shows a software interface titled "Group Insurance". It contains several input fields and buttons. At the top, there is a header bar with the title "Group Insurance". Below this, there are two main sections. The first section has a "Group Name" field with the value "ALCOA" and a "[required]" label, and a "Group Numbers Vary By Visit Type" checkbox which is checked. The second section has a "Visit Type" dropdown menu with "PHARMACY" selected, and a "Group Number(Visit Specific)" text field with the value "354897". At the bottom right of this section are "OK" and "Cancel" buttons. At the very bottom of the form are "Save" and "Cancel" buttons.

Figure 9-10: **Visit Type** edit pane

2. Make any changes to the **Visit Type** field, and if applicable, the **Group Number (Visit Specific)** options.
3. Click **OK** to save the edited visit type, or click **Cancel** to close the **Visit Type** edit pane without saving your changes.

9.3 Employer Settings

Use the **Employers** option on the **Table Maintenance** page to add employers to the RPMS database or edit information about existing employers. To use this option, select **Employers** on the **Table Maintenance** page and click **View** at the upper right corner of the page. An **Employers** listing page similar to that shown in Figure 9-11 will be displayed.

Employers
Add Edit

Filter Employers

Name	Phone	Abbrev.	Street Address	City	State	Zip
A & S BLD SYSTEMS	800-274-2100		PO BOX 53	CARYVILLE	TENNESSEE	37714
A & S CLOTHING	706-632-2133		ADA ST BLUE RIDGE IND PK	BLUE RIDGE	GEORGIA	30513
A BRICKY COMPANY	828-665-7124		108 OLD CANDLER TOWN RD	CANDLER	NORTH CAROLINA	28715
A BRITTANY COMPANY	972-492-0619		2125 COURTLAND CIR	CARROLTON	TEXAS	75007
A CHILDS WORLD DAY CARE	912-529-3067		1430 CALHOUN STREET	SOPERTON	GEORGIA	31002
A PLUS SERVICES						
A&A CONSTRUCTION	509-927-8613		PO BOX 141701	SPOKANE VLY	WASHINGTON	99214
A&B CONSTRUCTION	828-258-2000		PO BOX 15370	ASHEVILLE	NORTH CAROLINA	28813
A&B EMBLEM	800-434-4285		PO BOX 695	WEAVERVILLE	NORTH CAROLINA	28787
A&E	828-754-9066		619 CONNELLY SPRING	LENOIR	NORTH CAROLINA	28645
A&E MILLS	828-754-9066		619 CONNELLY SPGS RD SW	LENOIR	NORTH CAROLINA	28645

◀ ▶
Page 2

Close

Figure 9-11: **Employers** listing page

9.3.1 Adding an Employer

Follow these steps to add an employer to the RPMS database:

1. Click **Add** on the **Employer** listing page. The blank **Employer** form shown in Figure 9-12 will be displayed.

Employer

Name [required]

Abbreviation

Phone

Street Address

Street Address Line 2

City

State

Zip Code

▼

Save
Cancel

Figure 9-12: Blank **Employer** form

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

If the Employer name entered is a duplicate of an existing Employer, a warning message is displayed 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:

- Type the first few letters of the employer's name in the **Filter Employers** box in the upper right corner of the **Employer** listing page to filter the list, and then use the vertical scroll bar on the right side of the page and/or the left and right arrows in the lower left corner of the page to find the employer to be edited. Figure 9-13 shows an example of using *brian* as the filter term to find Brian's Car Wash.

The screenshot shows the 'Employer' listing page. At the top, there is a header bar with the title 'Employer' and two buttons: 'Add' and 'Edit'. Below the header, there is a search bar labeled 'Filter Employers' with the text 'brian' entered. The main area contains a table of employers. The table has columns: Name, Phone, Abbrev., Street Address, City, State, and Zip. The row for 'BRIAN'S CAR WASH' is highlighted. At the bottom of the table, there are navigation arrows and a 'Page 1' indicator. A 'Close' button is located at the bottom right of the form.

Name	Phone	Abbrev.	Street Address	City	State	Zip
BRIAN CENTER						
BRIAN KEVAS	704-837-0300		110 SOLE STREET			
BRIAN LOWE						
BRIAN'S CAR WASH	555-357-1597	BCW	6543 MAIN STREET	GENERICVILLE	ARKANSAS	41578
BRIANS CENTER				WAYNESVILLE	NORTH CAROLINA	
KEVIN O'BRIAN,MD						
O'BRIAN,JOHN				TALLASSEE	TENNESSEE	
OBRIANS			MAIN ST.	CHEROKEE	NORTH CAROLINA	28719
WAYNESVILLE BRIANS CENT				WAYNESVILLE		

Figure 9-13: Filtered **Employer** listing

- Select the employer to be edited, and then click **Edit** in the upper right corner of the page to edit the selected employer. (Alternatively, you can double-click the name of the employer.) Figure 9-14 shows an example of the **Employer** form ready to be edited.

Employer		
Name [required]	Abbreviation	Phone
BRIAN'S CAR WASH	BCW	555-357-1597
Street Address		
6543 MAIN STREET		
Street Address Line 2		
City	State	Zip Code
GENERICVILLE	ARKANSAS	41578
Save Cancel		

Figure 9-14: **Employer** form open for editing

5. After making any changes necessary, click **Save** to save your changes and close the **Employer** form, or click **Cancel** to close the form without saving your changes.

9.4 Insurer Settings

Use the **Insurers** option on the **Table Maintenance** page to add insurers and guarantors to the RPMS database or edit information about existing ones. To use this option, select **Insurers** on the **Table Maintenance** page and click **View** at the upper right corner of the page. An **Insurer** listing page similar to that shown in Figure 9-11 will be displayed.

Insurers
Add Edit

Filter Insurers

Name	Street	City	State	Zip
3M MEDICAL PLAN	P.O. BOX 64143	ST PAUL	MINNESOTA	55164-0143
AAA LIFE INSURANCE COMPANY	PO BOX 2018	OMAHA	NEBRASKA	68103
AAA PREMIUM DEMO INS	12345 SOME PLACE WAY	SOME CITY	ARKANSAS	10928
AAG	P.O BOX 612989	DALLAS	TEXAS	75261
AAG BENEFIT PLAN	P.O. BOX 612989	DALLAS	TEXAS	75261-2989
AARP	3200 E CARSON STREET	LAKEWOOD	CALIFORNIA	90712
AARP	601 E ST, NW	WASHINGTON	DISTRICT OF COLUMBIA	20049
AARP CLAIM UNIT	PO BOX 13999	PHILADELPHIA	PENNSYLVANIA	19187-0216
AARP EXPRESS SCRIPT	P.O. BOX 13999	PHILADELPHIA	PENNSYLVANIA	19187-0216
AARP HEALTH CARE OPTIONS	P.O.BOX 740819	ATLANTA	GEORGIA	30374-0819
AARP HEALTHCARE OPTIONS	P.O.BOX 13999	PHILADELPHIA	PENNSYLVANIA	19187-0216
AARP OF PA	P.O. BOX 13999	PHILADELPHIA	PENNSYLVANIA	19187

Page 1

Close

Figure 9-15: **Insurers** listing page

9.4.1 Adding an Insurer

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

1. Click **Add** on the **Insurer** listing page. The blank **Insurer** form shown in Figure 9-16 will be displayed.

Insurer

Name [required]

Long Name

Phone

Contact Person

Status [required]

Screen Display

Type [required]

Rx Status

Street Address

City

State

Zip Code

Billing Office

Billing Street Address

Billing City

Billing State

Billing Zip Code

Plan Name Required

Medicaid Coverage Required

Medicaid Rate Code Required

Network Provider

Save
Cancel

Figure 9-16: Blank **Insurer** form

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

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

9.4.2 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 employer's name in the **Filter Employers** box in the upper right corner of the **Employer** listing page to filter the list, and then use the vertical scroll bar on the right side of the page and/or the left and right arrows in the lower left corner of the page to find the employer to be edited. Figure 9-17 shows an example of using *delt* as the filter term to find Delta Dental.

The screenshot shows the 'Insurers' page with a green header bar containing the title 'Insurers' and 'Add' and 'Edit' buttons. Below the header is a search bar labeled 'Filter Insurers' with the text 'delt' entered. A table lists various insurers, with 'DELTA DENTAL' highlighted. The table has columns for Name, Street, City, State, and Zip. At the bottom right, there is a 'Page 1' indicator and a 'Close' button.

Name	Street	City	State	Zip
DELTA DENT JACKSON COUNTY SCH	343 SIX FORKS ROAD	RALEIGH	NORTH CAROLINA	27609
DELTA DENTAL	P.O. BOX 1517	PROVIDENCE	RHODE ISLAND	02901
DELTA DENTAL - FEDERAL SERS	PO BOX 537007	SACRAMENTO	CALIFORNIA	95853-7007
DELTA DENTAL OF ARK	P.O.BOX 16450	N LITTLE ROCK	ARKANSAS	72231
DELTA DENTAL OF GA	P.O. BOX 1809	ALPHARETTA	GEORGIA	30023-1809
DELTA DENTAL OF MASS.	PO BOX 9695	BOSTON	MASSACHUSETTS	02114
DELTA DENTAL OF MASSACHUSETTS	P.O. BOX 9104	MEDFORD	MASSACHUSETTS	02155
DELTA DENTAL OF MISSOURI	P.O. BOX 16921	ST. LOUIS	MISSOURI	63105
DELTA DENTAL OF MISSOURI-USA	P.O. BOX 8690	ST. LOUIS	MISSOURI	63126
DELTA DENTAL OF NEW MEXICO INC	2101 SAN PEDRO NE # D	ALBUQUERQUE	NEW MEXICO	87110
DELTA DENTAL OF OKLAHOMA	PO BOX 548809	OKLAHOMA CITY	OKLAHOMA	73154
DELTA DENTAL OF RHODE ISLAND	444 WESTMINSTER MALL	PROVIDENCE	RHODE ISLAND	02901

Figure 9-17: Filtered **Insurer** listing

2. Select the insurer to be edited, and then click **Edit** in the upper right corner of the page to edit the selected insurer. (Alternatively, you can double-click the name of the insurer.) Figure 9-18 shows an example of the **Insurer** form ready to be edited.

Figure 9-18: **Insurer** form open for editing

- After making any changes necessary, click **Save** to save your changes and close the **Insurer** form, or click **Cancel** to close the form without saving your changes.

9.5 Patient Application Type Settings

Use the **Patient Application Types** option on the **Table Maintenance** page to add patient application types to the RPMS database or edit existing ones. Once established, patient application types are available as options in the **Application Type** field on the **Benefits Cases** page of the **Benefits** Tab as described in Section 5.3 of this manual.

To use this option, select **Patient Application Types** on the **Table Maintenance** page and click **View** at the upper right corner of the page. A **Patient Application Types** listing page similar to that shown in Figure 9-11 will be displayed.

Name
AAA APPLICATION TYPE
AAA APPLICATION TYPE I
AAA APPLICATION TYPE II
DISABILITY
HEALTH CHOICE
MEDICAID
MEDICARE
MVA
PRIVATE INSURANCE
SCHOOL INSURANCE
STATE MEDICAID DISABILITY
WORKMAN'S COMP

Figure 9-19: **Patient Application Types** listing page

9.5.1 Adding a Patient Application Type

Follow these steps to add a patient application type to the RPMS database:

1. Click **Add** on the **Patient Application Type** listing page. The blank **Patient Application Type** form shown in Figure 9-20 will be displayed.

Figure 9-20: Blank **Patient Application Type** form

2. Type the name of the new patient application type in the field provided and click **Save** to save the new application type.

9.5.2 Editing a Patient Application Type

Follow these steps to edit an existing patient application type:

1. From the **Patient Application Types** listing page shown in Figure 9-19, select the application type you want to edit and then click **Edit** in the upper right corner of the page. Figure 9-21 shows an example of editing the *AAA Application Type* entry.



The screenshot shows a web form titled "Patient Application Type" in a dark green header. Below the header, the form contains a label "Application Type" with a "[required]" note. A text input field below the label contains the text "AAA APPLICATION TYPE". At the bottom right of the form, there are two buttons: "Save" and "Cancel".

Figure 9-21: **Patient Application Type** form open for editing

2. Make any changes to the selected application type and click **Save** to save the changes made.

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 patient 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.

Click **Reports** in the Practice Management Application Suite Taskbar (Figure 10-1) to open the **Reports** module.



Figure 10-1: Taskbar with **Reports** Module Highlighted

10.1.1 Reports Toolbar

Regardless of the report type, the top of each report page includes the Reports Toolbar (Figure 10-2), which provides a variety of tools for handling and manipulating reports.



Figure 10-2: Reports Toolbar

10.1.1.1 Previous/Next Buttons

After you have generated more than one report of a specific type, use the Previous/Next buttons (Figure 10-3) to “page” through each of the previously-viewed reports.



Figure 10-3: Previous/Next Buttons

10.1.1.2 Refresh Button

Use the Refresh button (Figure 10-4) to refresh a report.



Figure 10-4: Refresh Button

The Refresh button is useful for ensuring a specific report contains the latest up-to-the-minute patient information.

10.1.1.3 Page Selection Buttons

Use the Page Selection buttons (Figure 10-5) to navigate through multi-page reports.



Figure 10-5: Page Selection Buttons

You can also type a specific page number into the text box to jump quickly to that page.

10.1.1.4 Print Button

Use the Print button (Figure 10-6) to print the currently-displayed report.



Figure 10-6: Print Button

Clicking this button displays a standard print dialog box, which allows you to choose the printer to use as well as the page range and the number of copies of the report to print.

10.1.1.5 Save Button

Click the Save button (Figure 10-7) to save the report in a variety of file formats.



Figure 10-7: Save Button

The following file formats are supported:

- Acrobat (PDF)
- CSV (comma delimited)
- Excel 97-2003
- Rich Text Format
- TIFF

10.1.1.6 Show/Hide Parameters Button

Use the Show/Hide Parameters button (Figure 10-8) to alternately show or hide the report parameters panel at the top of the report page.



Figure 10-8: Show/Hide Parameters Button

Hiding the parameters panel allows you to see more report entries per page.

10.2 Registration Report Types

Once the Reports module is open, a listing of the available registration-related reports is displayed as shown in Figure 10-9.



Figure 10-9: **Registration Reports** listing

Click **View** on the left of any of the report types to open that type of report. In most cases, you must provide additional parameters (such as starting and ending dates) in order to view the report.

10.3 Prior Authorizations Report

The **Prior Authorizations Report** shows information about Prior Authorizations covering a selected time period.

10.3.1 Prior Authorizations Report Parameters

When you first open the **Prior Authorizations Report** page, you must enter the **Start** and **End** dates as shown in Figure 10-10.

Figure 10-10: **Prior Authorizations Report** parameters

Specify the starting and ending days for the report, then click **Preview** to view the report. As an option, you can select the **Show Detail** check box to display additional details about the prior authorizations found.

10.3.2 Information on the Prior Authorizations Report

The detailed **Prior Authorizations Report** includes the following information for each patient found to have any prior authorization:

- Patient name
- Insurer
- Authorization number
- Authorization date
- Number of authorized visits or days
- Authorization type
- Visit date
- Status
- Authorizing Contacts, including the date, contact name, and any notes entered
- Additional Visits, including the date obtained, contact name, reference number, visit number, and any notes entered

Figure 10-11 shows an example of a typical **Prior Authorizations Report**.

Patient	Insurer	Number	Auth. Date	Days/Visits	Type	Visit Date	Status										
SUMABAT, ARMAND			8/15/2011		OUTPATIENT												
Authorizing Contacts: <table border="1"> <thead> <tr> <th>Date</th> <th>Contact</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>								Date	Contact	Notes							
Date	Contact	Notes															
Additional Visits: <table border="1"> <thead> <tr> <th>Date Obtained</th> <th>Contact</th> <th>Ref. No</th> <th>Visit</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								Date Obtained	Contact	Ref. No	Visit	Notes					
Date Obtained	Contact	Ref. No	Visit	Notes													
HOUSTON, KAREN MARIE	NC MEDICAID DNC00	123456	8/18/2011	2	OUTPATIENT		APPROVED										
Encounter Notes: SOME NOTES																	
Authorizing Contacts: <table border="1"> <thead> <tr> <th>Date</th> <th>Contact</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td>8/18/2011</td> <td>JOHN DOE</td> <td>PRIOR-AUTH STATUS APPROVED</td> </tr> <tr> <td>8/18/2011</td> <td>JANE DOE</td> <td></td> </tr> </tbody> </table>								Date	Contact	Notes	8/18/2011	JOHN DOE	PRIOR-AUTH STATUS APPROVED	8/18/2011	JANE DOE		
Date	Contact	Notes															
8/18/2011	JOHN DOE	PRIOR-AUTH STATUS APPROVED															
8/18/2011	JANE DOE																

Figure 10-11: **Prior Authorizations Report** example

10.4 Insurance Enrollment Report

The **Insurance Enrollment Report** shows information about patient insurance enrollment filtered in several different ways.

10.4.1 Insurance Enrollment Report Parameters

When you first open the **Insurance Enrollment Report** page, you must specify the **Report Type** and **Resource Type** as shown in Figure 10-12.

The screenshot shows the 'Insurance Enrollment Report' form. It has a title bar at the top. Below the title bar is a toolbar with various icons. The form contains three dropdown menus: 'Report Type' (with a red information icon), 'Resource Type' (with a red information icon), and 'Patient Status' (set to 'Active'). There is a 'Preview' button on the right side of the form.

Figure 10-12: **Insurance Enrollment Report** parameters

The **Report Type** field offers these choices:

- All Patients
- Patients 18 and Under
- Patients 65 and Older

The **Resource Type** field offers the following options. You can select any combination of these resource types, or choose the **<select all>** option to quickly select all of them:

- Medicare Part A
- Medicare Part B
- Medicare Part D
- Railroad Part A
- Railroad Part B
- Railroad Part D
- Medicaid
- Private

As an option, you can also choose from these **Patient Status** choices:

- All
- Active
- Deceased

10.4.2 Information on the Insurance Enrollment Report

The **Insurance Enrollment Report** includes the following information for each patient matching the specified report parameters:

- Patient name and address
- Chart Number
- Home Phone
- Date Of Birth
- Social Security Number
- Insurance Type
- Provider
- Policy Number
- Start Date
- Coverage Type (if available)
- End Date (if available)

Figure 10-13 shows an example of a typical **Insurance Enrollment Report**.

Insurance Enrollment Report Page 1

Report Type: All Patients Resource Type: Private Patient Status: Active Preview

Name	Chart #	Home Phone	Date Of Birth	SSN
MAHSEYKY, MELANIE PO BOX 726 ANYCITY NC 28719	100005	555-555-9781	11/18/1930	XXX-XX-1226
		PRIVATE	RX D-WELLCARE	194784147
		1/1/2007		
VADEN, MAMIE PO BOX 1144 WHITTIER NC 28789	100008	555-555-1619	4/24/1956	XXX-XX-5865
		PRIVATE	RX D-RX SOLUTION610494	337031513
		2/1/2006		
MENDEZ, JACLYN 519 SOUTH MAIN STREET BARRINGER NC 28704	100011	555-555-7583	10/7/1939	XXX-XX-6608

100 % Close

Figure 10-13: **Insurance Enrollment Report** example

10.5 Benefits Cases Report

The **Benefits Cases Report** shows information about patient benefits cases filtered based on several different parameters.

10.5.1 Benefits Cases Report Parameters

The **Benefits Cases Report** has fields for these parameters, all of which are required:

- **Case Type**
- **Case Status**
- **Start Date**
- **End Date**
- **Application Type**

Figure 10-14 shows the parameters on the **Benefits Cases Report**.

The screenshot shows a web-based form titled "Benefit Cases Report" in a green header bar. Below the header is a toolbar with various icons for navigation and actions. The form contains five required fields, each marked with a red exclamation mark icon: "Case Type" (a dropdown menu), "Case Status" (a dropdown menu), "Start" (a date input field with a calendar icon), "End" (a date input field with a calendar icon), and "Application Type" (a dropdown menu). A "Preview" button is located at the bottom right of the form.

Figure 10-14: **Benefits Cases Report** parameters

The **Case Type** field offers the following options. You can select any combination of these case types, or choose the **<select all>** option to quickly select all of them:

- Inpatient
- Outpatient
- Day Surgery
- Contract
- Dental

The **Case Status** field allows you to choose Open or Closed cases, or you can choose the **<select all>** option to quickly select both of them.

The **Overall Status** field offers the following options. You can select any combination of these application types, or choose the **<select all>** option to quickly select all of them:

- Pending
- Approved
- Denied
- Re-Submitted
- Refused

- Follow-Up Needed
- Entered in Error

10.5.2 Information on the Benefits Cases Report

The **Benefits Cases Report** includes the following information for each patient matching the specified report parameters:

- Patient name
- Case Number
- Case Type
- Date Assigned/By
- Assigned To
- Date Completed/By
- Case Status
- Reason
- Application Type
- Date Obtained
- Obtained By
- Application Status
- Submission Date
- Submitted By
- Submission Reason

Figure 10-15 shows an example of a typical **Benefits Cases Report**.

Patient	Case No	Type	Date Assigned/By	Assigned To	Date Completed/By	Status
CARLETON, LINDA ANN	1234	OUTPATIENT	2/29/2012 DEMO, REG I	DEMO, REG II		OPEN
Reason: WAITING FOR APPROVAL FROM MS APPROVAL						
	Application Type	Date Obtained	Obtained By	Status	Submission Date	Submitted By
CROSS, SHELLEY ANN		OUTPATIENT	3/7/2012 ADMIN, SYSTEM	ADMIN, SYSTEM		OPEN
Reason: NEED ASSISTANCE COMPLETING MEDICAID APP						
	Application Type	Date Obtained	Obtained By	Status	Submission Date	Submitted By

Figure 10-15: **Benefits Cases Report** example

10.6 Workload Report

The **Workload Report** shows the number of patient records added or edited over a selected period of time.

10.6.1 Workload Report Parameters

The **Workload 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 the first day of the current month, and the **End Date** is set to the current day. Select the **Statistics Only** option to show only the numbers of patient records added and edited. Clear this option to include information about each of the patient records found.

Figure 10-16 shows the parameters used by the **Workload Report**.

Figure 10-16: **Workload Report** parameters

10.6.2 Information on the Workload Report

When the **Statistics Only** option is cleared, the **Workload Report** includes this information for each patient record that matches the report parameters:

- Name
- Chart Number
- Home Phone
- Date of Birth
- Social Security Number

The report also shows the total number of patient records added and edited during the specified time period, as well as the total number of patient records in the database.

When the **Statistics Only** option is selected, the report shows only the total number of patient records added and edited during the specified time period, and the total number of patients registered in the database.

Figure 10-17 shows an example of a typical Workload report.

Workload Report

of 1 pages

Start Date End Date

Statistics Only ☐ Preview

Page 1

Workload Report

Patients Added From 5/1/2012 to 5/7/2012

Name	Chart #	Home Phone	Date Of Birth	SSN
GILVIN,BRAIN	T36745		9/12/1987	103091287P
DREW,SSNTESTER	254148	555-555-5555	9/18/1984	737498327P
DEMO,RECORDCHECK MIDDLE I	784287	555-555-5555	5/10/2009	
Total patients added : 3				

Patients Edited From 5/1/2012 to 5/7/2012

Name	Chart #	Home Phone	Date Of Birth	SSN
DEMO,SHARON	121981	555-555-6092	5/15/1975	XXX-XX-8785
GILVIN,BRAIN	T36745		9/12/1987	103091287P
DREW,SSNTESTER	254148	555-555-5555	9/18/1984	737498327P
DEMO,RECORDCHECK MIDDLE I	784287	555-555-5555	5/10/2009	
Total patients edited : 4				

Statistics From 5/1/2012 to 5/7/2012

Total patients added: 3
Total patients edited: 4
Total patients registered: 30069

73 %

Close

Figure 10-17: Workload Report example

Appendix A: Keyboard Shortcuts

When running BMW in out of browser mode as described in the *BMW Overview User Manual*, many of the BMW features and functions can be accessed with keyboard shortcuts. This Appendix describes the keyboard shortcuts that apply to the BMW Patient Registration module. Keyboard shortcuts for the BMW Scheduling module are described in the *BMW Scheduling User Manual* and keyboard shortcuts for the Application Toolbar are described in the *BMW Overview User Manual*.

A.1 Patient Registration Module Navigation

You can use your keyboard to navigate through the multiple tabs and pages of the Patient Registration module. Press Ctrl-Tab to open the keyboard navigation pane shown in Figure A- 1:

Profile	Benefits	Appointments
Demographics	Alternate Resources	
Family	Benefits Cases	
Tribal	Prior Authorizations	
Names & HRN		
Document Summary		
Legal Documents		
Veteran		
Migrant/Homeless		
Notes		
Errors/Warnings		

Figure A- 1: Keyboard Navigation pane

The keyboard navigation pane is divided into three columns, representing the **Profile**, **Benefits**, and **Appointments** tabs of the Patients module. Within the **Profile** and **Benefits** columns are labels representing the individual pages available from that tab.

Use the left and right keys on your keyboard to move from one column to another. Press Tab and then use the up and down keys to access the individual pages listed in each column. Highlight the desired page, and then press **Enter** to open the selected page. Press **Esc** to close the keyboard navigation pane.

A.2 Keyboard Shortcuts

You can use keyboard shortcuts to quickly open pages within the Patient Registration module. Table A- 1 shows the keyboard shortcuts available.

Table A- 1: Keyboard Shortcuts for the Patient Registration module

Keys	Available On	Action Performed
Ctrl-F	Any Patients module page	Print Face Sheet
Ctrl-P	Demographics page	Edit Personal Detail
Ctrl-L	Demographics page	Edit Languages
Ctrl-D	Demographics page	Edit Address
Ctrl-I	Demographics page	Edit Internet Access
Ctrl-E	Demographics page	Edit Emergency Contact
Ctrl-D	Family page	Edit Family Detail
Ctrl-N	Family page	Edit Next Of Kin
Ctrl-T	Tribal page	Edit Tribal Information
Ctrl-O	Tribal page	Add Other Tribes
Ctrl-I	Names & HRN page	Add Alias
Ctrl-L	Names & HRN page	Add Legal Name
Ctrl-H	Names & HRN page	Change Health Record Number
Ctrl-H	Document Summary page	Edit Restricted Health Info
Ctrl-N	Document Summary page	Edit Notice Of Privacy Practices
Ctrl-D	Document Summary page	Edit Death Information
Ctrl-E	Document Summary page	Add Advance Directive
Ctrl-L	Legal Documents page	Add Legal Document
Ctrl-E	Veteran page	Edit Veteran Information
Ctrl-I	Migrant / Homeless page	Edit Migrant / Homeless Information
Ctrl-H	Migrant / Homeless page	Edit Migrant / Homeless Information
Ctrl-N	Notes page	Edit Notes
Ctrl-B	Benefits tab	Edit AOB & ROI
Ctrl-I	Benefits tab	Add / Edit Insurance
Ctrl-G	Benefits tab	Add / Edit Guarantor
Ctrl-P	Prior Authorizations tab	Add Prior Authorization
Ctrl-B	Benefit Cases page	Add Benefit Case

Appendix B: 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 Web site: <http://security.ihs.gov/>.

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

B.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).

B.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.

B.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.

B.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.

B.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.

B.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.

B.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).

B.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.

B.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.

B.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.

B.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.

B.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.

B.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.

B.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.

B.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.

B.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 has been 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.

Glossary

APC Visit

Ambulatory Patient Care Visit; All types of health services that are provided on an outpatient basis, in contrast to services provided in the home or to persons who are hospital inpatients.

Dependents

A patient who is covered under another person's health insurance (Medicare, Medicaid, Private Insurance) or eligibility based on their dependent relationship to the policy holder/ eligible party. Dependents are often covered by third parties or eligibilities that they probably would not be eligible for otherwise. Children are the most common dependents.

Eligibility Date

Date that a patient became eligible for third-party financial coverage (Medicare, Medicaid, Private Insurance) of the patient's medical bills.

Eligibility End Date

The date by which a patient's third-party financial coverage must be approved/ renewed or the third-party is no longer responsible for the patient's medical bills. If a charge is billed after the eligibility end date for a date of service before the end date, the third-party financial coverage is still responsible for that bill. Any charges for dates of service after the Eligibility End Date are not the responsibility of the third-party financial coverage.

Embossed Card

A card with a patient's basic demographic and insurance information used for patient identification and billing. This card is kept in the patient's paper chart.

Employer

Company or person that has hired the patient, often offering private health insurance as part of the benefit package.

Face Sheet

A screen or printout that contains a patient's demographic and insurance information.

HRN

Health Record Number; a number assigned to each patient by the Medical Records Department (if possible).

Inactive File

A patient file that was already in the system but was deemed unusable at some later time. Reasons for inactivation include patient death or grossly incorrect entry of patient data. Patient files can also be inactivated after a pre-determined period of inactivity.

Medicaid

State subsidized health care coverage that covers patients who do not have the resources to cover the costs of their own medical care. Medicaid coverage is not automatic and must be applied for and approved. A patient's Medicaid coverage is always billed last.

Medicare

State subsidized health care coverage that covers patients over the age of 65. Medicare coverage is not automatic and must be applied for and approved. A patient's Medicare coverage is always billed first. See also: Railroad Retirement, Part A Medicare, and Part B Medicare.

Non-Mandatory Information

Information that is not required for the Quick Entry process for adding new patients. This generally includes insurance information.

NPIRS

National Patient Information Resource System; facility that collects and collates area statistical and patient data for official reporting purposes.

Queue

To instruct the computer to print a report at a specified later time. Queuing functions are usually used to print larger reports after hours, allowing the computer system to be used normally during business hours.

Railroad Retirement Medicare

A form of Medicare coverage that is extended only to retired railroad workers and their immediate family. See also: Medicare

RPMS

Resource and Patient Management System; suite of software programs maintained for IHS use.

Part A Medicare

A form of Medicare that covers only hospital visit and hospital visit related services. See also: Medicare, Part B Medicare

Part B Medicare

A form of Medicare that covers non-hospital visit services, including but not limited to general doctor visits and prescriptions. See also: Medicare, Part A Medicare

Private Insurance

Third-party financial coverage provided by a company (rather than a government agency). Private Insurance is usually provided through a patient's employer or patient's spouse's employer but can also be purchased independently. Private insurance always supersedes Medicaid coverage (billed before Medicaid) but is supplemental to Medicare coverage (billed after Medicare).

Security Key

Code, attached to an individual user's profile, that regulates the level of access that user has while using an RPMS program.

SSA

Social Security Administration; US Government department responsible for managing Social Security benefits to seniors and eligible disabled citizens.

SSN

Social Security Number; A nine-digit number assigned by the Social Security Administration for tracking and Social Security benefit purposes.

Temporary Chart Numbers

A chart number that is assigned to a patient for the purpose of temporarily entering them into the RPMS system. A patient's temporary chart number must be replaced through the Patient Registration program before that patient's data can be transmitted to NPIRS.

Third Party

Any billing or credit agency responsible for paying or collecting fees for patient care. This includes Medicare, Medicaid, and all private insurances.

Veteran

A person who has previously served in the US Military. Veterans generally receive special veteran's assistance for medical bills.

Acronym List

BMW	RPMS Namespace allocated to the Practice Management Application Suite
HRN	Health Record Number
IHS	Indian Health Service
RPMS	Resource and Patient Management System

Contact Information

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

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