RESOURCE AND PATIENT MANAGEMENT SYSTEM

Patient Registration
(AG)

Patch 2 Addendum

Version 7.0
Patch 2
December 2003

Information Technology Support Center
Division of Information Resources
Albuquerque, New Mexico

TABLE OF CONTENTS

1.0   Introduction

Please review these changes and add a copy of them to any printed documentation your site may be using for Patient Registration v7.0. These changes will be integrated into future versions of the software and user manual and will no longer be considered an addendum at the time of the next release.

Patch 2 of Patient Registration v7.0 contains the following changes:

- The Location of Home field has been added to the View Patient's Registration Data (VIEW) option. (Section 2.1)
- Private insurer entry now allows the entry of duplicate insurers. (Section 2.2)
- Pre-certification Date field has been added as an identifier. (Section 2.3)
- On page 1, fields 4 and 13 were moved to the left of the screen. (Section 2.4)
- The Insurance Summary display now displays coverages correctly. (Section 2.5)
- Page 8 will redisplay after the entry of additional registration data. (Section 2.6)
- You can now delete an entry in the Proof of Name Change and Other Legal Documents fields located on page 9. (Section 2.7)
- The Print SSA SSN Matching Reports (PRT) option has been modified to be site specific.
- When using the Add a Patient (ADD) option, you will now be prompted for the patient's Race, Number in Household, and Total Household Income if the registration parameter to display the fields is set to yes (Section 2.8)
- The face sheet now displays the Notice of Privacy Practices fields. (Section 2.9)

> **Note**: For a full list of changes in patch 2, please refer to the patch 2 notes file.

Patch 1

This document also contains Patch 1 addendum information for ease of use. Patch 1, released in May 2003, contained the following changes:

- Two new registration parameters (23 and 24) were added. The parameters control the new "Race:, Number in Household:, and Total Household Income:" fields (section 3.1).
- There has been a change made to the Emergency Contact field (section 3.2).
- Users can view and edit the policy holder's address directly from the Private Insurance page (section 3.3).
- Page 2 of a patient's information has been altered to enhance its usability and readability (section 3.4).

- There are several HIPAA related privacy changes, including (section 3.5):
  - New warning notices
  - There are three new HIPAA fields on page 9
- There is a new Restricted Health Information report (section 3.6).
- You will have the ability to delete coverages on the Medicare, Medicaid, and Railroad Retirement pages (section 3.7).
- The Medicaid Reports can now be restricted by plan name (section 3.8).
- The system will now allow you edit the address and home phone number in the policy holder file on the Private Insurance page (section 3.9).
- The "Message Phone" field has been renamed to the "Other Phone" field and will now allow up to 60 characters (section 3.10).

Note: For a full list of changes in patch 1, please refer to the patch 1 notes file.

2.0 Patch 2

2.1 New Field In VIEW Option

When using the View Patient's Registration Data (VIEW) option, you will now see the Location of Home field.

```
==============================================================================
DEMO,PATIENT (RHI)                      (upd:NOV 17, 2003) HRN:990088
==============================================================================
 1.       ELIGIBILITY STATUS : PENDING VERIFICATION
 2.                     DOB : 03/06/1909
 3.          CITY OF BIRTH : ALBUQUERQUE      4.ST : NM
 5.                     SEX : MALE
 6.                     SSN : 000445555(Not yet verified by the SSA)
 7.          MARITAL STATUS : UNKNOWN
 8.       CURRENT COMMUNITY : UNSPECIFIED
------------------------------------------------------------------------------
 9.  MAILING ADDRESS-STREET : PO BOX 123
10.STREET ADDRESS [LINE 2] :
11.STREET ADDRESS [LINE 3] :
12.    MAILING ADDRESS-CITY : ANYTOWN       13.ST : NM
14.    MAILING ADDRESS-ZIP : 87110
15.        LOCATION OF HOME : DOWN THE ROAD AB  New Field  TO MILE MARKER 193,
                              ACROSS THE BRID           THE ROAD
------------------------------------------------------------------------------
16.             HOME PHONE : 555-2222
17.           OFFICE PHONE : 555-3333
18.            OTHER PHONE : CELL: 555-3505
==============================================================================
                          Press RETURN :
```

Figure 2-1: Finding the new Location of Home field

2.2 Duplicate Insurer Entry

On page 4, private insurance entry has been modified to allow duplicate insurers. When entering a duplicate insurer you will be prompted to confirm that you want to continue.

```
IHS REGISTRATION EDITOR  (page 4)              QUICK ATTENTION HEALTH CENTER
==============================================================================
DEMO,PATIENT (RHI)                    (upd:DEC 01, 2003) HRN:990088 PEND. VERIF
==============================================================================
                              MEDICAL COVERAGE
------------------------------------------------------------------------------
SEQ      INSURER                    COVERAGE TYPE        ELIG BEGIN - ELIG END
          SUBSCRIBER                POLICY NUMBER
==============================================================================
SEQ DATE: 11/21/2003

 1      NEW MEXICO BC/BS INC                            07/22/2003
          DEMO,PATIENT             333444555666
 2      NM MEDICAID              AD                     10/02/2003
          DEMO,PATIENT             0987654321
 3      MEDICARE                 B                      09/25/2003
          DEMO,PATIENT             567894321B1
 4      MEDICARE                 A                      10/02/2003
          DEMO,PATIENT             567894321B1
                                             ┌─────────────────────────┐
     *** THIS SEQUENCE REFLECTS THE          │ New message indicating that │ ATE ***
===================================          │ you are adding a duplicate  │ =============
Enter S(equence), A(d                        │ insurer.                    │ tegory) : A
Select INSURER NAME: NEW MEXICO BC/BS INC    └─────────────────────────┘ OOL RD NE
Domain: NM ALBUQUERQUE, NM 87112

WARNING: If you proceed you will be ADDING an Insurer that the Patient already
 has an Eligibility Record for!

        Do you wish to proceed? YES   (OK, then proceed with caution)

Enter the NAME of the POLICY HOLDER or the POLICY NUMBER if it already exists.
        (Enter 'SAME' if the PATIENT is the Policy Holder.)

Select POLICY HOLDER: SAME




Name as Stated on Policy..: DEMO,PATIENT//
```

Figure 2-2: Adding duplicate insurers

2.3   Pre-Certification Date Identifier

Pre-certification date has been added as an identifier on page 4. You will be prompted to enter a pre-certification date when adding a new insurer or editing filed 8 in the private insurance screen.

Adding a pre-certification date identifier through the Edit Insurer option

1. Type E at the "Enter S(equence), A(dd) insurer, E(dit) insurer, T(oggle seq category):" prompt.

2. Type the number of the insurer that you want to edit at the "Enter the insurer number you want to edit:" prompt.

```
IHS REGISTRATION EDITOR  (page 4)            QUICK ATTENTION HEALTH CENTER
==========================================================================
DEMO,PATIENT (RHI)                 (upd:DEC 02, 2003) HRN:990088 PEND. VERIF
==========================================================================
                          MEDICAL COVERAGE
--------------------------------------------------------------------------
SEQ     INSURER                  COVERAGE TYPE         ELIG BEGIN - ELIG END
         SUBSCRIBER                POLICY NUMBER
==========================================================================
SEQ DATE: 11/21/2003

 1      NEW MEXICO BC/BS INC                           07/22/2003
         DEMO,PATIENT            333444555666
 2      NM MEDICAID              AD                     10/02/2003
         DEMO,PATIENT             0987654321
 3      MEDICARE                 B                      09/25/2003
         DEMO,PATIENT             567894321B1
 4      MEDICARE                 A                      10/02/2003
         DEMO,PATIENT             567894321B1


     *** THIS SEQUENCE REFLECTS THE LATEST PRIORITY SEQUENCE DATE ***
==========================================================================
Enter S(equence), A(dd) insurer, E(dit) insurer, T(oggle seq category) : E




IHS REGISTRATION EDITOR  (page 4)            QUICK ATTENTION HEALTH CENTER
==========================================================================
DEMO,PATIENT (RHI)                 (upd:DEC 01, 2003) HRN:990088 PEND. VERIF
==========================================================================
                          MEDICAL COVERAGE
--------------------------------------------------------------------------
SEQ     INSURER                  COVERAGE TYPE         ELIG BEGIN - ELIG END
         SUBSCRIBER                POLICY NUMBER
==========================================================================
 1      MEDICARE                 A                      10/02/2003
         DEMO,PATIENT            567894321B1
 2      MEDICARE                 B                      09/25/2003
         DEMO,PATIENT            567894321B1
 3      NM NEW MEXICO MEDICAID   AD                     10/02/2003
         DEMO,PATIENT            0987654321
 4      DELTA DENTAL OF NEW MEXI DENTAL                 07/17/2003
         DEMO,PATIENT            222445555
 5      NEW MEXICO BC/BS INC                            07/22/2003
         DEMO,PATIENT            333444555666
 6      AETNA                    AETNA                  09/04/2003
         DEMO,PATIENT            5432167890
 7      NEW MEXICO BC/BS INC                            12/01/2003  11/30/2004
         DEMO,PATIENT            000123456
==========================================================================
Enter the insurer number you want to edit. :  7
```

Figure 2-3: Entering a pre-certification date (steps 1-2)

3. Type E at the "Enter Action (<E>dit Data,<A>dd Member,<D>elete Member, <V>iew/ Edit PH Addr):" prompt.

4. Type 8 at the "Select the Desired Fields:" prompt.

5. Type the pre-cerification number at the "Pre-Certification #:" prompt. If you are entering a new number, type Y at the "Are you adding '' as a new Pre-Certification?" prompt.

6. Type the pre-certification date at the "Pre-Cert Date:" prompt.

```
IHS REGISTRATION EDITOR         Private Insurance QUICK ATTENTION HEALTH CENTER
===============================================================================
DEMO,PATIENT           (upd:DEC 01, 2003) HRN#:990088   (PENDING VERIFICATION)
===============================================================================
1) Policy Holder.: DEMO,PATIENT                 |5) Grp Name:
2) Policy or SSN.: 000123456                    |   Group No:
3) Effective Date: 12/1/2003                    |6) Coverage:
4) Expire Date   : 11/30/2004                   |7) CCopy:
-INSURER-----                              ------CERTIFICATION INFO-------------------
NEW MEXICO BC    New pre-certification      | 8) Pre-Cert No...: 987654321
  12800 INDIA    date field.                |    Date: 8/22/2003
  ALBUQUERQUE, NM  87112                    | 9) Contact: ADAM,ADAM
  (505)591-6971        Ins. Type: P         |10) Prim Care Prov:
---------HOLDER'S DEMOGRAPHICS----------|---------HOLDER'S EMPLOYER INFO--------
11)  Sex.: MALE                         |13) Status..: FULL-TIME
12)  DOB.: 3/6/1949                     |14) Employer:
----Policy Members----PC-----Member #------HRN-----Rel----------From/Thru------
15) DEMO,PATIENT          000123456       990088  SELF      12/1/2003-11/30/2004
===============================================================================
ENTER ACTION (<E>dit Data,<A>dd Member,<D>elete Member,<V>iew/Edit PH Addr): E

    Select the Desired FIELDS:  (1-15): 1-15// 8


[8] Pre-Certification #.:987541223
  Are you adding '987541223' as a new PRE-CERTIFICATION? No// Y  (Yes)
 Pre-cert Date.: T  (DEC 02, 2003)
```
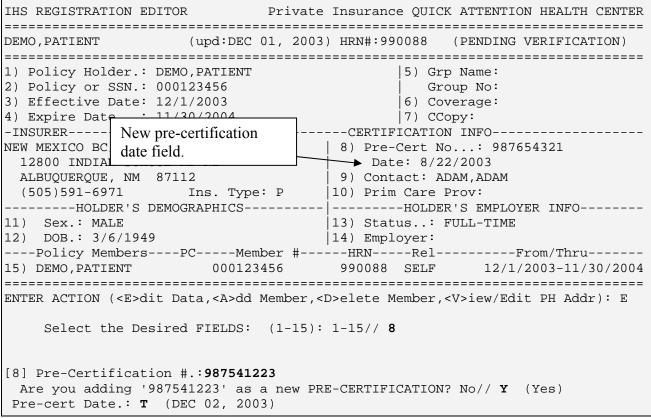
Figure 2-4: Entering a pre-certification date (steps 3-6)

2.4   Moved Fields

On page 1, fields 4 and 13 have been moved to the left of the screen.

```
IHS REGISTRATION VIEW SCREEN  (page 1)         QUICK ATTENTION HEALTH CENTER
==============================================================================
DEMO,PATIENT (RHI)                      (upd:DEC 01, 2003) HRN:990088
==============================================================================
  1.      ELIGIBILITY STATUS : PENDING VERIFICATION
  2.                    DOB : 03/06/1949
  3.          CITY OF BIRTH : ALBUQUERQUE       4.ST : NM
  5.                    SEX : MALE
  6.                    SSN : 222445555(Not yet verified by th
  7.         MARITAL STATUS : UNKNOWN
  8.      CURRENT COMMUNITY : ACOMA
------------------------------------------------------------------
  9.  MAILING ADDRESS-STREET : PO BOX 123
 10.STREET ADDRESS [LINE 2] :
 11.STREET ADDRESS [LINE 3] :
 12.   MAILING ADDRESS-CITY : ACOMA      13.ST : NM
 14.    MAILING ADDRESS-ZIP : 87110
 15.       LOCATION OF HOME : DOWN THE ROAD ABOUT 15 MILES TO MILE MARKER 193,
                              ACROSS THE BRIDGE, AND DOWN THE ROAD
------------------------------------------------------------------------------
 16.             HOME PHONE : 111-2222
 17.           OFFICE PHONE : 222-3333
 18.            OTHER PHONE : CELL: 470-3505
==============================================================================
                         Press RETURN :
```

Fields moved to left of screen

Figure 2-5: Locating fields 4 and 13

2.5   Modified Insurance Summary Display

To correct a display problem in patch 1 and to modify the file holding this data, code logic was modified and more fields were added to insure more accurate display and storing of information.

With patch 2, when you accesses a patient that has been previously sequenced, you will see a message (Figure 2-6:) in reverse video and blinking to inform you that you need to re-sequence the insurers for the same sequence date and the new fields in the category prioritizing global will be populated.
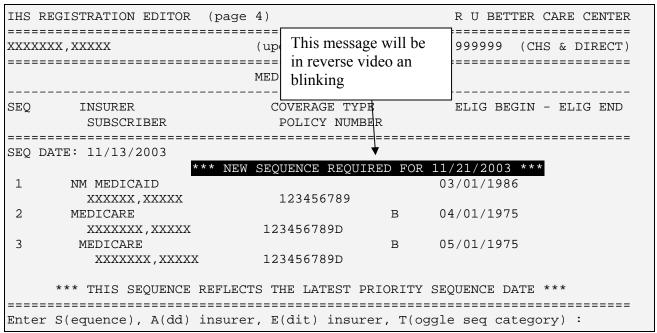
```
IHS REGISTRATION EDITOR   (page 4)                     R U BETTER CARE CENTER
===============================================        ========================
XXXXXXX,XXXXX                        (up┌─────────────────────┐999999  (CHS & DIRECT)
===============================================│ This message will be │========================
                                MED│ in reverse video an │
                                   │ blinking             │
-----------------------------------└─────────────────────┘--------------------
SEQ        INSURER                  COVERAGE TYPE          ELIG BEGIN - ELIG END
           SUBSCRIBER               POLICY NUMBER
==============================================================================
SEQ DATE: 11/13/2003
                        *** NEW SEQUENCE REQUIRED FOR 11/21/2003 ***
 1      NM MEDICAID                                        03/01/1986
          XXXXXX,XXXXX            123456789
 2      MEDICARE                               B     04/01/1975
          XXXXXXX,XXXXX           123456789D
 3      MEDICARE                               B     05/01/1975
           XXXXXXX,XXXXX          123456789D

      *** THIS SEQUENCE REFLECTS THE LATEST PRIORITY SEQUENCE DATE ***
==============================================================================
Enter S(equence), A(dd) insurer, E(dit) insurer, T(oggle seq category) :
```

Figure 2-6: Viewing the sequencing message

After re-sequencing, you will see a display similar to Figure 2-7:. Any new sequencing after installing patch 2 will not need any special attention.

```
IHS REGISTRATION EDITOR   (page 4)                     R U BETTER CARE CENTER
==============================================================================
XXXXXXX,XXXXX                 (upd:AUG 20, 1993)  HRN#:999999  (CHS & DIRECT)
==============================================================================
                              MEDICAL COVERAGE
------------------------------------------------------------------------------
SEQ        INSURER                  COVERAGE TYPE          ELIG BEGIN - ELIG END
           SUBSCRIBER               POLICY NUMBER
==============================================================================
SEQ DATE: 11/13/2003

 1      NM MEDICAID                                        03/01/1986
          XXXXXX,XXXXX            123456789
 2      MEDICARE                               B     04/01/1975
          XXXXXXX,XXXXX           123456789D
 3      MEDICARE                               A     05/01/1975
           XXXXXXX,XXXXX          123456789D

      *** THIS SEQUENCE REFLECTS THE LATEST PRIORITY SEQUENCE DATE ***
==============================================================================
Enter S(equence), A(dd) insurer, E(dit) insurer, T(oggle seq category) :
```

Figure 2-7: Updated sequencing screen

2.6   Modified Page 8

Once you have entered any additional registration information on page 8, page 8 will be redisplayed (instead of being sent automatically to page 9) and you will be prompted

again to enter any additional registration information. This gives you an additional opportunity to enter additional information without leaving pate 8.

2.7   Proof of Name Change/Other Legal Documents Fields

You can now delete an entry in the Proof of Name Change and Other Legal Documents fields located on page 9. Select the field where you would like to delete an entry, select the entry, and then type @ at the appropriate prompt to delete the entry.

Deleting a proof of name change entry

1. From page 9, type **3** at the "Change Which Item?" prompt.

2. Type **E** at the "Do you wish to E(dit) or A(dd) a new Proof of Name Change ?:" prompt.

3. Type the date of the name change at the "Select Patient Name Changes Date Changed:" prompt. If the system finds a partial match, type **Y** at the "OK?" prompt.

4. Type **@** at the "Patient's Name Changed To:" prompt to delete the name change.

5. Type **Y** at the "Sure you want to delete:" prompt.

```
IHS REGISTRATION EDITOR  (page 9)              QUICK ATTENTION HEALTH CENTER
==============================================================================
DEMO,PATIENT (RHI)                   (upd:DEC 02, 2003) HRN:990088 PEND. VERIF
==============================================================================
                     CHS Eligibility & Document Summary
1.REASON FOR PENDING :
------------------------------------------------------------------------------
2.      STATUS OF MEDICAL RECORD :
3.         PROOF OF NAME CHANGE :  COURT ORDER
4.                 PRIVACY ACT :
5.        OTHER LEGAL DOCUMENTS :
------------------------------------------------------------------------------
6. IMPORTANT MESSAGE FROM MEDICARE :
7.          RELEASE OF INFORMATION :
8.          ASSIGNMENT OF BENEFITS :
------------------------------------------------------------------------------
9. REFERRED TO BEN. COORDINATOR :
10.NOTICE OF PRIVACY PRACTICES (NPP) REC'D BY PATIENT :  YES   DATE:07/17/2003
11.ACKNOWLEDGEMENT OF RECEIPT OF NPP SIGNED :  YES
12.RESTRICTED HEALTH INFORMATION :  APPROVED
==============================================================================
CHANGE which item? (1-12) NONE// : 3


DT CHANGED     CHANGED TO                        PROOF
Dec 02, 2003@10:17:33DEMO                        COURT ORDER

Do you wish to E(dit) or A(dd) a new Proof of Name Change ? : E
Select PATIENT NAME CHANGES DATE CHANGED: T   DEC 02, 2003
  partial match to:  DEC 02, 2003@10:17:33     DEMO     COURT ORDER
```

```
        ...OK? Yes// Y  (Yes)

PATIENT'S NAME CHANGED TO: DEMO// @
   SURE YOU WANT TO DELETE? Y
```
Figure 2-8: Deleting the Proof of Name Change field

2.8   New Fields to the Add a Patient (ADD) option

When using the Add a Patient (ADD) option, you will now be prompted for the patient's Race, Number in Household, and Total Household Income if the registration parameter to display the fields is set to yes (section 3.1).

At the "Race:" prompt you can enter any of the following responses:

- American Indian Or Alaska Native
- American Indian Or Alaska Native
- Asian Or Pacific Islander
- Black, not of Hispanic origin
- Hispanic, black
- Hispanic, white
- Unknown
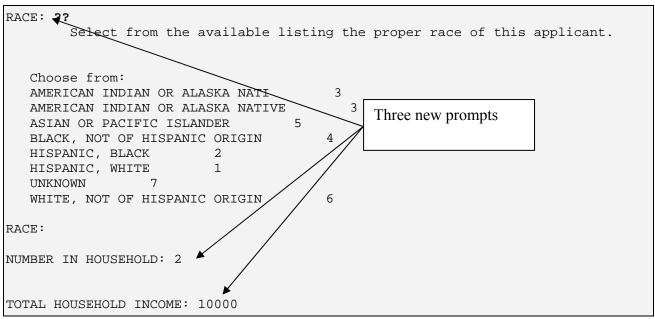- White, not of Hispanic origin

```
RACE: 2?
        Select from the available listing the proper race of this applicant.


   Choose from:
   AMERICAN INDIAN OR ALASKA NATI           3
   AMERICAN INDIAN OR ALASKA NATIVE         3
   ASIAN OR PACIFIC ISLANDER        5            Three new prompts
   BLACK, NOT OF HISPANIC ORIGIN        4
   HISPANIC, BLACK        2
   HISPANIC, WHITE        1
   UNKNOWN        7
   WHITE, NOT OF HISPANIC ORIGIN        6

RACE:

NUMBER IN HOUSEHOLD: 2


TOTAL HOUSEHOLD INCOME: 10000
```
Figure 2-9: Using the new fields in the ADD option

2.9   Notice of Privacy Fields

Notice of Privacy fields have been added to the patient's face sheet.

```
            *** CONFIDENTIAL PATIENT INFORMATION ***
```

```
                        QUICK ATTENTION HEALTH CENTER
                        AMBULATORY CARE RECORD BRIEF
                        ----------------------------
DEC 01, 2003@10:27                                              Page: 1
=======================================================================
PATIENT: DEMO,PATIENT (RHI)PATIENT: DEMO,PATIENT      CHART #: 990088
=======================================================================
COMPUTER FILE EST: JUL 17, 2003(EG)        LAST EDIT: DEC 01, 2003 (TJ)
-----------------------------------------------------------------------
OTHER NAME(S):  DEMO,PATIENT
SSN: 222-44-5555                        SSN STATUS UNKNOWN
CLASS: INDIAN/ALASKA NATIVE                             SEX: MALE
COMMUNITY: ACOMA                               BIRTHDAY: MAR 06, 1949
   COUNTY: CIBOLA                                    AGE: 54 YRS
HOME ADDRESS:
     PO BOX 123
     ACOMA, NEW MEXICO 87110
PHONE NUMBERS ---
HOME: 111-2222              WORK: 222-3333
OTHER PHONE: CELL: 470-3505
       RACE: HISPANIC, WHITE
NUMBER IN HOUSEHOLD: 4      TOTAL HOUSEHOLD INCOME: 34000
-----------------------------------------------------------------------
NOTICE OF PRIVACY PRACTICES REC'D BY PATIENT : YES    DATE : JUL 17, 2003
ACKNOWLEDGEMENT OF RECEIPT OF NPP SIGNED : YES
-----------------------------------------------------------------------
TRIBE: APACHE, MESCALERO TRIBE, NM             INDIAN QUANTUM: FULL
```

Added fields to face sheet

Figure 2-10: Viewing the new Notice of Privacy fields

3.0   Patch 1

3.1   New Registration Parameters

Two new registration parameters were added. The parameters control the new "Race:, Number in Household:, and Total Household Income:" fields. These parameters must be set during the patch installation process, as post init functions.

The first parameter, "Disp Race,# Hshld, Hshld Inc:**"** allows you to decide if you want to display and edit the "Race, # in Household and Total Household Income" fields on Page 2 of the registration editor. If you answer NO, then the fields will not display on Page 2.

The second parameter, "Prnt Race,# Hshld, Hshld Inc:" allows you to decide if you want to print the information on the patient's face sheet. If you answer NO, then the "Race, # In Household, and Total Household Income" fields in addition to data contained in those fields will NOT print on the face sheet.

1. To access these new prompts, type MSTR at the "Select IHS Kernel Option:" prompt.

2. Type OPT at the "Select Patient registration Option:" prompt.

3. Type the name of your facility at the "Select Registration Parameters Site Name:" prompt.

```
Select IHS Kernel Option: MSTR  Patient registration

                  **********************************
                  *                                *
                  *      INDIAN HEALTH SERVICE      *
                  *   PATIENT REGISTRATION SYSTEM   *
                  *     VERSION 7.0, MAR 28, 2003   *
                  *                                *
                  **********************************


                       DULCE HEALTH CENTER

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


   PTRG   Patient Registration ...
   AGX    Registration data- prepare for export ...
   OPT    Set Registration OPTIONS
   SIT    Reset Default Facility
   TM     Table Maintenance Menu ...
   1600   1600 REQUEST
   SAMP   PATIENT File Random Sampler ...
   SSN    SSN Reports Menu ...
```

```
Select Patient registration Option: OPT  Set Registration OPTIONS


                        PATIENT REGISTRATION

                        DULCE HEALTH CENTER

                       Set Registration OPTIONS


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

Select REGISTRATION PARAMETERS SITE NAME: DULCE HEALTH CENTER      IHS  202810
   ALBUQERQUE        JICARILLA        10
         ...OK? Yes// [RET]  (Yes)

SITE NAME: DULCE HEALTH CENTER//
Ask for TRIBAL BLOOD QUANTUM: YES//
Ask TRIBAL ENROLLMENT NUMBER: YES//
Ask for OTHER NAMES: YES//
Ask for MEDICAID DATA: YES//
Ask for PRIVATE INSURANCE DATA: YES//
Ask DIRECTIONS TO PAT.'S HOME: YES//
Ask for NEXT OF KIN: YES//
Ask for OTHER TRIBES: YES//
Ask for ADDITIONAL REG. INFO.: YES//
Add extra IDENTIFIERS to SCAN: YES//
DECEASED PATIENTS in look-ups: NO//          ┌────────────────────┐
Limited DOB editing: NO//                     │  Two new parameters │
Print ADDITIONAL INFO: YES//                  └────────────────────┘
Prnt how many ADDIT INFO lines: L3//
Disp RACE,# HSHLD,HSHLD INC: NO//
Prnt RACE,# HSHLD,HSHLD INC: NO//
```

Figure 3-1: Selecting the new prompts

3.2   Emergency Contact Field Change

The Emergency Contact field has changed. On page 3 of the Add/Edit Patient options, if the Emergency Contact's address and phone number are the same as the patient's, you can now type SAME at the "EC Address- Street" field and the system will automatically populate the address and phone number fields.

- If the Emergency Contact's information is the same as the patient's, type the EC's name in line 1, then type SAME in line 4.

```
IHS REGISTRATION EDITOR  (page 3)                        DULCE HEALTH CENTER
===============================================================================
TORRES,J                (updated:MAR 25, 2003)HRN#:345678(CHS & DIRECT)
===============================================================================
                      Emergency Contact/Next of Kin
--- Emergency Contact Data ----------------------------------------------------
1.          EMERGENCY CONTACT :  TORRES,JANE
2.                 EC PHONE :
3.            EC RELATIONSHIP :
4.         EC ADDRESS-STREET :
5.           EC ADDRESS-CITY :
6.          EC ADDRESS-STATE :
7.            EC ADDRESS-ZIP :
--- Next of Kin Data ----------------------------------------------------------
8.              NEXT OF KIN :
9.                NOK PHONE :                  ┌──────────────────────────┐
10.          NOK RELATIONSHIP :                │ Type SAME, at the "EC    │
11.       NOK- ADDRESS-STREET :                │ Address-Street:" prompt  │
12.          NOK ADDRESS-CITY :                │ and the system will auto │
13.         NOK ADDRESS-STATE :                │ populate the fields with │
14.           NOK ADDRESS-ZIP :                │ the Patient's address    │
=====================================================│ information.             │====
CHANGE which item? (1-14) NONE// : 4           └──────────────────────────┘

(If the Emerg. Contact address is the patient's, enter SAME)
EC ADDRESS-STREET: SAME

IHS REGISTRATION EDITOR  (page 3)                        DULCE HEALTH CENTER
===============================================================================
TORRES,J                (updated:MAR 25, 2003)HRN#:345678(CHS & DIRECT)
===============================================================================
                      Emergency Contact/Next of Kin
--- Emergency Contact Data ----------------------------------------------------
1.          EMERGENCY CONTACT :  TORRES,JANE
2.                 EC PHONE :  520-555-5555
3.            EC RELATIONSHIP :
4.         EC ADDRESS-STREET :  123 Main Street
5.           EC ADDRESS-CITY :  Ankorage
6.          EC ADDRESS-STATE :  Alaska
7.            EC ADDRESS-ZIP :  87107
--- Next of Kin Data ----------------------------------------------------------
8.              NEXT OF KIN :
9.                NOK PHONE :
10.          NOK RELATIONSHIP :
11.       NOK- ADDRESS-STREET :
12.          NOK ADDRESS-CITY :
13.         NOK ADDRESS-STATE :
14.           NOK ADDRESS-ZIP :
===============================================================================
CHANGE which item? (1-14) NONE// :
```

Figure 3-2: Typing same for the EC address

3.3   Direct Address Viewing/Editing

On the Private Insurance page, an additional action is available through the menu options at the bottom of the screen. You can view and edit the policyholder's address directly from the Private Insurance page (it does update the policy holder file, so changes here change all of the related policy holder address references).

1. To edit/view the policy holder's address, type V at the "ENTER ACTION (<E>dit Data,<A>dd Member,<D>elete Member,<V>iew/Edit PH Addr):" prompt.

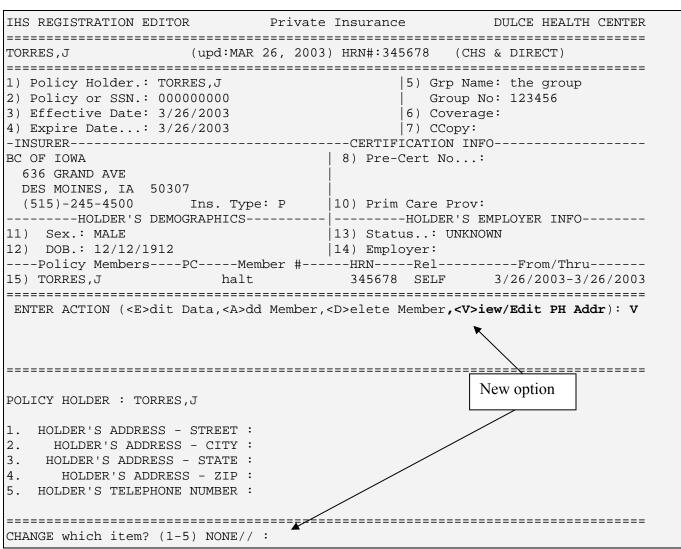2. Then type the line you would like to edit at the "CHANGE which item? (1-5):" prompt.

```
IHS REGISTRATION EDITOR         Private Insurance        DULCE HEALTH CENTER
===============================================================================
TORRES,J                (upd:MAR 26, 2003) HRN#:345678   (CHS & DIRECT)
===============================================================================
1) Policy Holder.: TORRES,J                  |5) Grp Name: the group
2) Policy or SSN.: 000000000                 |   Group No: 123456
3) Effective Date: 3/26/2003                 |6) Coverage:
4) Expire Date...: 3/26/2003                 |7) CCopy:
-INSURER---------------------------------CERTIFICATION INFO-------------------
BC OF IOWA                              | 8) Pre-Cert No...:
  636 GRAND AVE                         |
  DES MOINES, IA   50307                |
  (515)-245-4500      Ins. Type: P     |10) Prim Care Prov:
---------HOLDER'S DEMOGRAPHICS----------|--------HOLDER'S EMPLOYER INFO--------
11)   Sex.: MALE                        |13) Status..: UNKNOWN
12)   DOB.: 12/12/1912                  |14) Employer:
----Policy Members----PC-----Member #------HRN-----Rel----------From/Thru------
15) TORRES,J              halt              345678  SELF    3/26/2003-3/26/2003
===============================================================================
 ENTER ACTION (<E>dit Data,<A>dd Member,<D>elete Member,<V>iew/Edit PH Addr): V


===============================================================================

POLICY HOLDER : TORRES,J

1.  HOLDER'S ADDRESS - STREET :
2.    HOLDER'S ADDRESS - CITY :
3.   HOLDER'S ADDRESS - STATE :
4.     HOLDER'S ADDRESS - ZIP :
5.  HOLDER'S TELEPHONE NUMBER :

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

New option

Figure 3-3: Editing through the Private insurance page

3.4   Enhanced Readability

On Page 2 of a patient's information, some separator lines have been added to help make the page more readable. Also, the Blood Quantum and Tribe Quantum fields have been moved to the same line only if the "Race, Number in Household and Total Household Income" fields display on the same page.
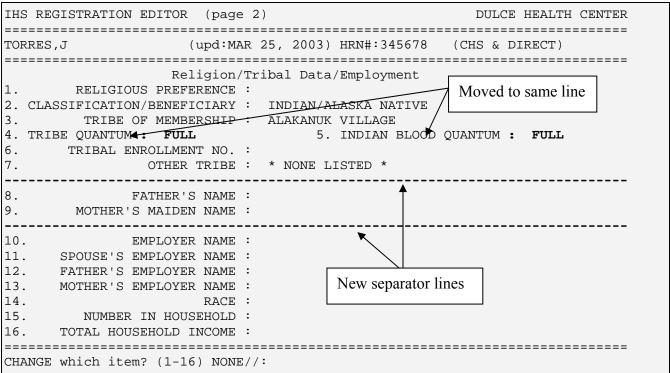
```
IHS REGISTRATION EDITOR  (page 2)                      DULCE HEALTH CENTER
============================================================================
TORRES,J                (upd:MAR 25, 2003) HRN#:345678   (CHS & DIRECT)
============================================================================
                    Religion/Tribal Data/Employment
1.        RELIGIOUS PREFERENCE :                       ┌──────────────────────┐
2. CLASSIFICATION/BENEFICIARY :   INDIAN/ALASKA NATIVE │  Moved to same line  │
3.        TRIBE OF MEMBERSHIP :   ALAKANUK VILLAGE      └──────────────────────┘
4. TRIBE QUANTUM : FULL                 5. INDIAN BLOOD QUANTUM :  FULL
6.      TRIBAL ENROLLMENT NO. :
7.             OTHER TRIBE :  * NONE LISTED *
----------------------------------------------------------------------------
8.             FATHER'S NAME :
9.       MOTHER'S MAIDEN NAME :
----------------------------------------------------------------------------
10.            EMPLOYER NAME :
11.    SPOUSE'S EMPLOYER NAME :            ┌────────────────────────┐
12.    FATHER'S EMPLOYER NAME :            │  New separator lines   │
13.    MOTHER'S EMPLOYER NAME :            └────────────────────────┘
14.                     RACE :
15.      NUMBER IN HOUSEHOLD :
16.    TOTAL HOUSEHOLD INCOME :
============================================================================
CHANGE which item? (1-16) NONE//:
```

Figure 3-4: Relocated fields

3.5   New HIPAA Related Privacy Fields

3.5.1   New Notice

When you log into Patient Registration, you will see a notice on the screen as shown in bold in Figure 3-5.

```
                        PATIENT REGISTRATION

                        DULCE HEALTH CENTER

                        Patient registration


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

```
   PTRG    Patient Registration ...
   AGX     Registration data- prepare for export ...
   OPT     Set Registration OPTIONS
   SIT     Reset Default Facility
   TM      Table Maintenance Menu ...
   1600    1600 REQUEST
   SAMP    PATIENT File Random Sampler ...
   SSN     SSN Reports Menu ...
```

Figure 3-5: New HIPAA notice

3.5.2   Restricted Health Information Warnings

If you select a patient that has *Approved* Restricted Health Information, you will see a warning as shown in Figure 3-6.

```
                        PATIENT REGISTRATION

                        DULCE HEALTH CENTER

                      ┌─────────────────────────┐
                      │ This line will appear in │
                      │ reverse video and will blink. │
                      └─────────────────────────┘
     *** NOTE:  IF YOU EDIT A PATIENT AND SEE THEIR NAME IN REVERSE VIDEO ***
     *** WITH '(RHI)' BLINKING NEXT TO IT, IT MEANS THEY HAVE RESTRICTED ***
                        *** HEALTH INFORMATION ***
Select PATIENT NAME:
  DEMO,P.                              F 08-15-1945 246339786    DC 101099
This patient has Restricted Health Information

There are patients on file with TEMPORARY CHART NUMBERS.

Please print the list of these patients and supply the missing data.


Press the RETURN key to continue. :
```

Figure 3-6: Displaying RHI

If you choose a patient with an *approved* RHI, you will see the patient's name in reverse video with the notation (RHI) blinking next to it (Figure 3-7).

```
IHS REGISTRATION EDITOR  (page 1)                    DULCE HEALTH CENTER
================================================================================
DEMO,P.  (RHI)                      (upd:MAY 05, 2003)  HRN#:101099
================================================================================
 1.       ELIGIBILITY STATUS : CHS & DIRECT
 2.                     DOB : AUG 15, 1945
 3.         CI                                              4.ST : NM
 5.              ┌─────────────────────┐
 6.              │ If RHI is blinking, the  │ot yet verified by the SSA)
 7.       MAR    │ patient record contains │
 8.       CURREN │ restricted health       │
                 │ information.            │
                 └─────────────────────┘

--------------------------------------------------------------------------------
 9.  MAILING ADDRESS-STREET : P.O. BOX 2534
10.STREET ADDRESS [LINE 2] :
11.STREET ADDRESS [LINE 3] :
12.    MAILING ADDRESS-CITY : ALBUQUERQUE                   13.ST : NM
14.     MAILING ADDRESS-ZIP : 87023
15.         LOCATION OF HOME : LOCATION OF HOME CONTAINS DATA
--------------------------------------------------------------------------------
16.              HOME PHONE : 505-255-3863
17.            OFFICE PHONE : 505-342-5897
18.             OTHER PHONE :
================================================================================
CHANGE which item? (1-18) NONE//:
```

Figure 3-7: Displaying the blinking RHI warning

3.5.3   New Fields

Page 9 has three new HIPAA related fields. These new fields are 10, 11, and 12 (see Figure 3-8).

```
IHS REGISTRATION EDITOR  (page 9)                    DULCE HEALTH CENTER
================================================================================
DEMO,P.  (RHI)                 (upd:MAY 05, 2003)  HRN#:101099  (CHS & DIRECT)
================================================================================
                   CHS Eligibility & Document Summary
1.REASON FOR CHS & DIRECT :
--------------------------------------------------------------------------------
2.      STATUS OF MEDICAL RECORD :
3.         PROOF OF NAME CHANGE :
4.                 PRIVACY ACT :
5.      OTHER LEGAL DOCUMENTS :
--------------------------------------------------------------------------------
6. IMPORTANT MESSAGE FROM MEDICARE :
7.          RELEASE OF INFORMATION :
8.          ASSIGNMENT OF BENEFITS :
--------------------------------------------------------------------------------
9. REFERRED TO BEN. COORDINATOR :
10.NOTICE OF PRIVACY PRACTICES (NPP) REC'D BY PATIENT :  YES   DATE:04/14/2003
11.ACKNOWLEDGEMENT OF RECEIPT OF NPP SIGNED :  NO
    REASON: PATIENT UNABLE TO TRAVEL              ┌──────────────────┐
12.RESTRICTED HEALTH INFORMATION :  APPROVED  ◄── │ Three new fields │
================================================================================ └──────────────────┘
CHANGE which item? (1-12) NONE// :
```

Figure 3-8: Using the HIPAA fields

New Field #10

1. If you select field #10, type YES or NO at the "Was NPP Rec'd by Patient?:" prompt. NPP is an acronym for Notice of Privacy Practices form.

2. Type the date you gave the patient the NPP form at the "Date:" prompt.

```
WAS NPP REC'D BY PATIENT ?: YES
DATE:
```
Figure 3-9: Using new field #10

New Field #11

1. If you select field #11, type YES or NO at the "Acknowledgment Signed?" prompt.

2. If you type NO, you will need to specify why the patient was not able to sign the acknowledgement form at the "Reason:" prompt.

```
ACKNOWLEDGEMENT SIGNED ?: NO
REASON:
```
Figure 3-10: Using new field #11

New Field #12

If you select field #12, and the patient has a history in the Restricted Health Information file, you will see an entry for each Restricted Health Info reason that has been entered with the patient's name, current status of the reason, and the date it was entered into the system as seen in Figure 3-11.

```
  #  Patient                    Current      Status
     Name                       Status       Entered on

  1  DEMO,P.                       A          04/25/2003
KEEP INFO FROM MY RELATIVES

  2  DEMO,P.                       A          04/24/2003
DON'T WANT LAWYERS TO SEE MY INFO - THIS IS A TEST TO SEE HOW THE REPORT LOOKS**

Select  1 - 2 ( Press ENTER to add a new record or "^" to exit ) :
```
Figure 3-11: Using new field # 12

You can then choose to enter a new reason if necessary as shown in Figure 3-12.

```
RESTRICTED HEALTH INFORMATION: My sister works in Radiology and I don't want her
to see my records.
STATUS CODE: p  PENDING
PENDING DATE: 5/1/03  (MAY 01, 2003)
```
Figure 3-12: Entering a new reason

When you return to page 9, the field will be updated with the most current a*pproved* info in the Patient's Restricted Health Information file. If there are no a*pproved* reasons, the most current reason entered into the file will display.

3.6   New Restricted Health Information Report (RHI1)

The new Restricted Health Information report is located in the Patient Registration Reports menu under RHI1. This report will ask you for a beginning and ending date and will print a report of the reasons for Restricted Health Information sorted by the date the record was entered and the user that entered the reason.

1. To run the RHI report, type RPT at the "Select Patient Registration Option:" prompt located in the Patient Registration main menu.

2. Type RHI1 at the "Select Registration Reports Option:" prompt.

```
                          PATIENT REGISTRATION
                           DULCE HEALTH CENTER
                           Patient Registration

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


   ADD     ADD a new patient
   EPT     EDIT a patient's file
   FAC     Print a FACE SHEET
   NON     Enter NON-MANDATORY new patient information
   NAM     CORRECT the patient's NAME
   CHR     EDIT the patient's CHART NUMBER.
   INA     INACTIVATE/ACTIVATE a patient's file
   RPT     REGISTRATION REPORTS ...
   VIEW    View patient's registration data
   DEL     DELETE a patient's Health Record Number
   REV     Review and edit DECEASED or INACTIVE patient files
   EMB     Print an EMBOSSED CARD
   SCA     SCAN the patient files ...
   THR     Third Party Billing Reports ...
   IND     Print tub-file INDEX cards ...
   LBL     LABELS menu ...
   PAG     Edit one of the Patient's PAGEs ...
   FIE     print Face sheet, Index card, Embossed card

Select Patient Registration Option: RPT   REGISTRATION REPORTS



                          PATIENT REGISTRATION
                           DULCE HEALTH CENTER
                           REGISTRATION REPORTS

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

```
    ALP     print REGISTERED PATIENTS ALPHABETICALLY
    CHR     print REGISTERED PATIENTS by CHART NUMBER
    ENT     print all patients in ENTIRE DATA BASE
    COM     Print list of COMMISSIONED OFFICERS & DEPENDENTS
    INV     print INVALID DATA ENTRIES - PATIENT FILES
    DAI     REGISTRATION DAILY ACTIVITY REPORTS
    LOC     print LOCATON OF PATIENT'S HOME
    MCR     Print list of MEDICARE/RAILROAD RET. holders.
    MCRA    Print List of Medicare Part A Enrollees
    MCRB    Print List of Medicare Part B Enrollees
    ADD     print ADDITIONAL REGISTRATION INFORMATION
    MCD     Print lists of MEDICAID ACCOUNTS ...
    TEM     Print patients with TEMPORARY CHART NUMBERS
    BLO     BLOOD QUANTUM Statistical Reports ...
    OVE     Print list of patients - 65 yrs and older
    DOB     List patients in DATE-OF-BIRTH order
    VET     VETERANS
    PVT     PRIVATE INSURANCE
    SSN     SSN Reports Menu ...
    RHI1    HIPAA-Restricted Health Info by Dt entered,user
    BCC     BLANK COMMUNITY/CITY REPORT
    STD     Check format of Names

              Press 'RETURN' to continue, '^' to stop:  [RET]

Select REGISTRATION REPORTS Option: RHI1  HIPAA-Restricted Health Info by Dt ent
ered,user
```

Figure 3-13: Running the RHI1 report (steps 1-2)

3. Type the beginning date at the "Please Enter a Beginning Date of Entry:" prompt.

4. Type the ending date at the "Please Enter an Ending Date of Entry:" prompt.

5. Type the name of a print device or you can choose to display the report onscreen by typing HOME at the "Output Device:" prompt.

```
                        PATIENT REGISTRATION
                        DULCE HEALTH CENTER

              HIPAA-Restricted Health Info by Dt entered,user

Please enter a beginning Date Of Entry. :  T-30
Please enter an ending Date Of Entry. :  T
Output DEVICE: HOME//
```

Figure 3-14: Running the RHI report (steps 3-4)

6. Figure 3-15 displays an example of the RHI1 report.

```
                    *** RESTRICTED HEALTH INFORMATION REPORT ***      Page 1
                       RUN DATE/TIME : 05/12/2003  14:38

BEGINNING ENTRY DATE: APR 12, 2003
ENDING ENTRY DATE:    MAY 12, 2003

PERSON               DATE OF
ENTERING              ENTRY     MR#     STATUS  REQUEST INFO
--------             -----     ---     ------  ------------

ADAM,ADAM            04/24/2003 101099   P      DON'T WANT LAWYERS TO SEE MY INFO
                                               - THIS IS A TEST TO SEE HOW THE RE
                                               PORT LOOKS**

ADAM,ADAM            04/24/2003  10810   P      DON'T WANT MY RELATIVES TO KNOW AB
                                               OUT MY HEALTH RECORD

ADAM,ADAM            04/24/2003 101099   A      DON'T WANT LAWYERS TO SEE MY INFO
                                               - THIS IS A TEST TO SEE HOW THE RE
                                               PORT LOOKS**


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

Figure 3-15: Example of the RHI report

3.7   Delete Medicare, Medicaid, and Railroad Coverage

This feature restores an option that was lost in Patient Registration v6.0 patch 17.
Authorized users will have the ability to delete coverages on the Medicare, Medicaid,
and Railroad Retirement pages (through the edit options). This option is locked with the
AGZMGR security key.

Deleting Medical Coverage
1. To delete a patient's existing Medicaid, Medicare, and Railroad coverage, type E
    at the "Enter S(equence), A(dd), E(dit), T(oggle seq category):" prompt.

2. If the patient has more than one insurer/coverage listed, you will be asked to
    specify which one you wish to delete at the "Enter the insurer number you want
    to edit:" prompt.

```
IHS REGISTRATION EDITOR  (page 4)                            DULCE HEALTH CENTER
===============================================================================
TORRES,J                    (upd:MAR 26, 2003) HRN#:345678   (CHS & DIRECT)
===============================================================================
                              MEDICAL COVERAGE
-------------------------------------------------------------------------------
SEQ      INSURER                    COVERAGE TYPE         ELIG BEGIN - ELIG END
            SUBSCRIBER                POLICY NUMBER
===============================================================================
```

```
                    *** PATIENT HAS NO CATEGORIES SET UP ***
 1      MEDICARE
                                444333555A
 2      MUTUAL OF OMAHA                          01/01/2001   03/26/2003
          TORRES,J              258645789
================================================================================
Enter S(equence), A(dd) insurer, E(dit) insurer, T(oggle seq category) : E



IHS REGISTRATION EDITOR  (page 4)                       DULCE HEALTH CENTER
================================================================================
TORRES,J                 (upd:MAR 26, 2003) HRN#:345678   (CHS & DIRECT)
================================================================================
                             MEDICAL COVERAGE
--------------------------------------------------------------------------------
SEQ     INSURER                  COVERAGE TYPE         ELIG BEGIN - ELIG END
          SUBSCRIBER              POLICY NUMBER
================================================================================
 1      MEDICARE
                                444333555A
 2      MUTUAL OF OMAHA                          01/01/2001   03/26/2003
          TORRES,J              258645789
================================================================================
Enter the insurer number you want to edit. :  1
```

Figure 3-16: Deleting coverage (steps 1 and 2)

3. Type D at the "(Edit = "E" Add = "A" Delete = "D") Type E, A, or D:" prompt.

4. Type Y at the "Are you sure you want to Delete the Complete record? (Y/N)" prompt.

5. The system will display The COMPLETE eligibility record has been deleted.

```
IHS REGISTRATION EDITOR              MEDICARE               DULCE HEALTH CENTER
================================================================================
TORRES,J                 (upd:MAR 26, 2003) HRN#:345678   (CHS & DIRECT)
================================================================================
1.MSP Patient(Y/N) :         Date signature obtained:
  MSP Reason       :
2.QMB/SLMB         :
3.Med. Release Date: MAR 25, 2003
................................................................................
4.Medicare Name : TORRES,J                    5.Medicare Number: 444333555A
   6.Prim. Care Prv:                          7.Date of Birth  : DEC 12, 1912
   8.CC on file    :

    ELIG DATE BEGIN          (updated)         Coverage         ELIG END
................................................................................
--------------------------------------------------------------------------------
```

```
(Edit = "E"  Add = "A"  Delete = "D")  Type E, A, or D: D
Are you sure you want to DELETE the COMPLETE record ? (Y/N) ? NO// Y
The COMPLETE eligibility record has been deleted
```

Figure 3-17: Deleting coverage (steps 3-5)

3.8   Additional Report Restrictions

The Medicaid Reports (PTRG--> RPT--> MCD) can now be restricted by plan name. There are four reports, but they all act the same. There is one additional prompt that appears (Figure 3-20) that asks you what plan you wish to print for. This is a *one/many/all* prompt, with a default of ALL. If you want to print a list of Medicaid accounts that do not have a plan specified, you can type NONE at the first plan prompt—(the NONE option cannot be run with other plans, however). The selection of plans, even multiple ones, does not affect the way the report is sorted. This new function allows you to limit Medicaid reports to one or more Medicaid plans.

How to Use   There are three steps to printing a Medicaid report.


```
                          PATIENT REGISTRATION

                          DULCE HEALTH CENTER

                       Print lists of MEDICAID ACCOUNTS


     ALP    Print list of MEDICAID HOLDERS alphabetically
     COU    Print list of MEDICAID HOLDERS by county
     COM    Print list of MEDICAID HOLDERS by community
     NUM    Print list of MEDICAID ACCOUNTS by account number

Select Print lists of MEDICAID ACCOUNTS Option: ▮
```

Figure 3-18: Printing a List of Medicaid Accounts Step 1

Step 1: Type ALP, COU, COM, or NUM at the "Select Print Lists of Medicaid Accounts Option:" prompt, depending on the criteria you wish to sort your report by.

Figure 3-19: Printing a List of Medicaid Holders Step 2

Step 2: Type A, O, T, or C at the "Select desired accounts:" prompt, depending on what type of accounts you want to include in your report/list.

If you typed A or C, your report will begin printing. If you typed O or T, enter the start and end dates for the coverage date range at the appropriate prompts.

Figure 3-20: Restricting the MCD reports

Step 3: Type the Select PLAN NAME (or NONE for entries without a plan name):

3.9   Auto Populate Fields

On the Private Insurance page, the system will now allow you edit the address and home phone number in the policy holder file.

3.10   Field Change

The Message Phone field (Field #18 on page 1) has been changed to the "Other Phone" field. This field now allows the user to enter up to 60 alpha-numeric characters. For example, if a patient has a message phone and a cell phone, you can now enter `Msg: (204) 872-8144 ext-4444 , Cell: (505) 296-2222` in this field.

4.0   Contact Information

If you have any questions or comments regarding this distribution, please contact the ITSC Help Desk by:

Phone: (505) 248-4371 or

(888) 830-7280

Fax: (505) 248-4199

Web: http://www.rpms.ihs.gov/TechSupp.asp

Email: ITSCHelp@mail.ihs.gov