



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Patient Registration (AG)

Patch 5 Addendum

Version 7.0
Patch 5
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TABLE OF CONTENTS

1.0	INTRODUCTION.....	1
2.0	PATCH 5.....	3
2.1	Running the Audit	3
2.1.1	New Full Patient File Audit (FAUD) Option	4
2.1.2	New Print Field Audit Report (ERP) Option.....	5
2.2	New Error Table.....	8
3.0	PATCH 2.....	11
3.1	New Field In VIEW Option	11
3.2	Duplicate Insurer Entry	11
3.3	Pre-Certification Date Identifier.....	12
3.4	Moved Fields	13
3.5	Modified Insurance Summary Display.....	14
3.6	Modified Page 8.....	15
3.7	Proof of Name Change/Other Legal Documents Fields.....	15
3.8	New Fields to the Add a Patient (ADD) option	16
3.9	Notice of Privacy Fields	17
4.0	PATCH 1.....	19
4.1	New Registration Parameters	19
4.2	Emergency Contact Field Change	20
4.3	Direct Address Viewing/Editing.....	22
4.4	Enhanced Readability.....	23
4.5	New HIPAA Related Privacy Fields	23
4.5.1	New Notice.....	23
4.5.2	Restricted Health Information Warnings.....	24
4.5.3	New Fields	25
4.6	New Restricted Health Information Report (RHI1)	27
4.7	Delete Medicare, Medicaid, and Railroad Coverage.....	29
4.8	Additional Report Restrictions.....	31
4.9	Auto Populate Fields.....	33
4.10	Field Change	33
5.0	CONTACT INFORMATION	34

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 5

Patch 5 contains the following changes:

- A utility to search through a database's Patient file and determine whether fields are missing data or have incorrectly formatted data in preparation for the installation of version 7.1. The intent of this audit is that the sites can run the audit report and then correct improper data before installation of 7.1. The file produced from the audit will contain data for all sites on which the database is being run. (Section 2.1)
- A new list of error and warnings so that the registration clerk may be able to quickly identify and correct. (Section 2.2)

Patch 4

Please refer to the Patch 3 patch notes for a listing of changes made in that release.

Patch 3

Please refer to the Patch 3 patch notes for a listing of changes made in that release.

Patch 2

This document also contains Patch 2 addendum information for ease of use. Patch 2, released in February 2004, contained the following changes:

- The Location of Home field has been added to the View Patient's Registration Data (VIEW) option. (Section 3.1)
- Private insurer entry now allows the entry of duplicate insurers. (Section 3.2)
- Pre-certification Date field has been added as an identifier. (Section 3.3)
- On page 1, fields 4 and 13 were moved to the left of the screen. (Section 3.4)
- The Insurance Summary display now displays coverages correctly. (Section 3.5)
- Page 8 will redisplay after the entry of additional registration data. (Section 3.6)
- You can now delete an entry in the Proof of Name Change and Other Legal Documents fields located on page 9. (Section 3.7)
- 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 3.8)
- The face sheet now displays the Notice of Privacy Practices fields. (Section 3.9)

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 4.1).
- There has been a change made to the Emergency Contact field (section 4.2).
- Users can view and edit the policy holder's address directly from the Private Insurance page (section 4.3).
- Page 2 of a patient's information has been altered to enhance its usability and readability (section 4.4).
- There are several HIPAA related privacy changes, including (section 4.5):
 - New warning notices
 - There are three new HIPAA fields on page 9
- There is a new Restricted Health Information report (section 4.6).
- You will have the ability to delete coverages on the Medicare, Medicaid, and Railroad Retirement pages (section 4.7).
- The Medicaid Reports can now be restricted by plan name (section 4.8).
- The system will now allow you edit the address and home phone number in the policy holder file on the Private Insurance page (section 4.9).
- The "Message Phone" field has been renamed to the "Other Phone" field and will now allow up to 60 characters (section 4.10).

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

2.0 Patch 5

Patch 5 adds a utility to search through a database's Patient file and determine whether fields are missing data or have incorrectly formatted data in preparation for the installation of version 7.1. The intent of this audit is that the sites can run the audit report and then correct improper data before installation of 7.1. The file produced from the audit will contain data for all sites on which the database is being run.

2.1 Running the Audit

The 2 new menu options mentioned here are on the Registration Reports menu.

1. **Step one:** The site must run the Full Patient File Audit (FAUD) option to initiate the audit. See section 2.1.1 New Full Patient File Audit (FAUD) Option for details on how to run this option.

Note: This option can take several hours to run for large sites. It is suggested that it be run only at off peak hours and even better on the weekend. The Full Patient File Audit Reports option can be used to print the audit findings.

The audit screens out patients based on the following criteria:

- Patients who are deceased.
 - Patient entry last updated greater than 3 years ago.
 - Patient has no active status at any facility.
 - Patient has no active insurance eligibilities (Medicare, Medicaid, Private, Railroad)
2. **Step two:** After step one completes (a warning will be presented if it hasn't), you can use the Print Field Audit Report (ERP) option to get reports of the errors found. See section 2.1.2 New Print Field Audit Report (ERP) for details on how to run this option.

Notes:

- Step one can be run multiple times.
- The result of step one remains available to allow different reports to be run until step one is re-run and new results are compiled. Keep in mind that when building the audit file, it is run for all sites on the database and should probably be coordinated through the site manager.

2.1.1 New Full Patient File Audit (FAUD) Option

Overview

This option goes through the entire Patient file plus all Eligibility files and runs all edit checks against patient data. The errors and warnings found are placed into the Error/Warning Audit file. This option can take 10 hours or more for large sites. It is suggested that it be run only at off peak hours and even better on the weekend. The Full Patient File Audit Reports option can be used to print the audit findings.

Where to Find

The Full Patient File Audit option is accessed by typing FAUD at the Registration Reports submenu prompt.

Main → PTRG → RPT → FAUD

How to Use

1. Type Y or N at the “Are you sure you want to continue?” prompt.
2. If there is an existing report you will be notified of the last time the FAUD report was run. Type Y or N at the next “Are you sure you want to continue?” prompt.
3. Type (T)ask to TaskMan or (R)un Immediately at the “Action:” prompt. It is highly recommended that you queue the report via TaskMan to run after hours. If you choose to run the report immediately, it will lock up your system and slow the whole system down.
4. If you selected to use TaskMan, type the date and time you want the report to run at the “Requested Start Time:” prompt. The system will display the task number assigned to the report.

```
WARNING THIS TASK COULD TAKE UP TO 10 HOURS TO COMPLETE!!!  
THIS TASK SHOULD BE QUEUED VIA TASKMAN TO RUN AFTER HOURS  
PREFERABLY ON THE WEEKEND!! MAKE SURE BACKUPS DO NOT SHUTDOWN  
THIS TASK BEFORE IT'S FINISHED.  
YOUR CURRENT VERSION OF IHS PATIENT REGISTRATION IS 7.0  
THEREFORE THE AUDIT WILL BE PERFORMED BASED ON PRE 7.1 FILE STRUCTURES.  
ARE YOU SURE YOU WANT TO CONTINUE? YES
```

```
THERE IS ALREADY AN AUDIT REPORT FROM FEB 8,2005. IT WILL BE DELETED!  
ARE YOU SURE YOU WANT TO CONTINUE? YES
```

```
Select one of the following:
```

```
      T          TASK TO TASKMAN  
      R          RUN IMMEDIATELY
```

```
ACTION: TASK TO TASKMAN  
Requested Start Time: NOW//T+1 ??  
Requested Start Time: NOW//1700 ??
```

```

Requested Start Time: NOW/??
Examples of Valid Dates:
  JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057
  T   (for TODAY), T+1 (for TOMORROW), T+2, T+7, etc.
  T-1 (for YESTERDAY), T-3W (for 3 WEEKS AGO), etc.
If the year is omitted, the computer uses CURRENT YEAR. Two digit year
  assumes no more than 20 years in the future, or 80 years in the past.
If only the time is entered, the current date is assumed.
Follow the date with a time, such as JAN 20@10, T@10AM, 10:30, etc.
You may enter a time, such as NOON, MIDNIGHT or NOW.
You may enter NOW+3' (for current date and time Plus 3 minutes
  *Note--the Apostrophe following the number of minutes)
Seconds may be entered as 10:30:30 or 103030AM.
Time is REQUIRED in this response.

Enter a date which is greater than or equal to NOW.
Requested Start Time: NOW//T ??
Requested Start Time: NOW//T@1800 (FEB 08, 2005@18:00:00)

Full patient audit queued as Task # 2421!

```

Figure 2-1: Running the FAUD option

2.1.2 New Print Field Audit Report (ERP) Option

Overview

This option prints out the information collected by the edit checks during the day. The Full Patient File Audit (FAUD) option must have been tasked first before this option can be used to print the report. The audit pulls all patients who are active in at least one facility, not deceased, have a last updated date of not more than three years ago, and have some form of an active insurance eligibility in Medicare, Medicaid, Private or Railroad insurance.

Where to Find

The Print Field Audit Report option is accessed by typing ERP at the Registration Reports submenu prompt.

Main → PTRG → RPT → ERP

How to Use

1. Type E (Errors only), W (Warnings only), or B (Both) at the “Select one of the following:” prompt.
2. Type S (Summarized) or D (Detailed) at the “Select Summary or Detail:” prompt.
3. Type A (All) or S (Some) at the “Choose Error/Warning Type:” prompt.

- a. If you select Some, you will be prompted to enter the error/warning codes to include on the report.
4. Type A (All Locations) or O (One Location) at the “Enter response:” prompt.
 - a. If they select One Location you will be prompted for the sites they want to include in the report.
5. Type Y or N at the “Continue?” prompt.
 - a. If you choose NO to continue, you will be prompted for a new date. Enter the date for how far to go back for the report. The default is 3 years. You can enter any date within the last 3 years. The report will check this date against the date the patient was last edited (or entered into the system if there is no last edited date).
 - b. If you accept the default date, the report will include all of the patients that have been included in the audit file.
6. Type the name of the device you want to print/ view the report on at the “Device: Home/” prompt.

```
PATIENT REGISTRATION

NOT-A-REAL FACILITY

ERROR / WARNING REPORT

AUDIT REPORT LAST RUN ON FEB 8,2005@07:07:44

Select one of the following:

      E      Errors Only
      W      Warnings Only
      B      Both

Select one of the following: Both

      Select one of the following:

      S      Summarized Error/Warning
      D      Detailed Error/Warning

Select Summary or Detail: Detailed Error/Warning

      Select one of the following:

      A      ALL
      S      SOME

Choose Error/Warning Type: SOME
Enter the error codes you wish to print: 1      Assignment of Benefits Missing
```



```

Enter more error codes you wish to print: 2   Employer Information Incomplete
Enter more error codes you wish to print: [RET]

    Select one of the following:

        A          All Locations
        O          One Location

Enter response: One Location
Select Location : NOT-A-REAL FACILITY      BEMIDJI          WHITE EARTH          10

Select Location : [RET]

The audit pulls all patients who are active in at least one facility,
not deceased, have a last updated date of not more than three years
ago, and have some form of an active insurance eligibility in
Medicare, Medicaid, Private or Railroad insurance.

Those patients whose DATE OF LAST REG UPDATE field is greater than
FEB 8,2002 are not included in this audit!

If you choose NO to continue, you will be prompted for a new date.
If you accept the default date, the report will include all of the
patients that have been included in the audit file.

Continue?? YES// No
Enter a date: FEB 8,2002

You have entered FEB 8,2002

Continue?? YES// Y
DEVICE: HOME// [RET]  VIRTUAL      Right Margin: 80// [RET]

```

Figure 2-2: Running an ERP listing

Sample Report

NOT-A-REAL FACILITY			PAGE 1
Patient Registration Errors/Warnings			
AUDIT DETAIL REPORT			
FEB 08, 2005@08:09:01			
001 WARNING: Assignment of Benefits Missing			
CORRECTIVE ACTION: The system has determined that an Assignment of			
Benefits has not been obtained. Obtain AOB and			
enter date obtained on Page 9.			
=====			
Name	IHS #	FACILITY	DOB
=====			
ANNU,BEN J	101149	NOT-A-REAL FACILITY	OCT 25,1937
JONES,SON	23464	NOT-A-REAL FACILITY	JAN 1,1980
ANNU,BEN J	101149	NOT-A-REAL FACILITY	OCT 25,1937
HAYSLAR,LORIE K	101772	NOT-A-REAL FACILITY	NOV 23,1961
CLERK,MELISSA	106912	NOT-A-REAL FACILITY	APR 11,1988

GEGNUN, DELORES M	107162	NOT-A-REAL FACILITY	MAR 28, 1982
KJER, CAROL E	109532	NOT-A-REAL FACILITY	DEC 19, 1925
GEGNUN, ANNA	109573	NOT-A-REAL FACILITY	APR 7, 1988
JONES, CHIP	654356	NOT-A-REAL FACILITY	JAN 1, 1960
JONES, SON	23464	NOT-A-REAL FACILITY	JAN 1, 1980
JONES, GRANDPA	435	NOT-A-REAL FACILITY	JAN 1, 1940
TREE, APPLE	39283	NOT-A-REAL FACILITY	SEP 12, 1954

Figure 2-3: Sample ERP listing

2.2 New Error Table

The following table contains a listing of errors and warnings that will display on the new audit report. These fields were added into a newly created Registration Error Codes file for future use by the PAMS software. These errors and warnings were designed so that a registration clerk may be able to quickly identify and correct any potential problems.

The errors and warnings in this table are in preparation for the upcoming Patient Registration v7.1. Errors occur if the patient is missing specific required information in their record. Warnings occur if a patient has incorrect information in their record. You will need to update the record with the correct information as soon as possible.

Error #	Error	Status	Corrective Action
001	Assignment of Benefits Missing	Warning	The system has determined that an Assignment of Benefits has not been obtained. Obtain AOB and enter the date obtained on Page 9
002	Employer Information Incomplete	Warning	Enter the employment status on Page 2. Also, make sure the employer file in Table Maintenance is complete
003	Assignment of Benefits Expired (past 1 year)	Error	The AOB date has exceeded 1 year. Obtain another AOB and update the AOB prompt on page 9.
004	Medicare Secondary Payer information missing	Warning	Obtain MSP form and enter the date obtained on the Medicare Page (Page 4)
005	Medicare Secondary Payer expired	Error	The MSP date has expired. Obtain current MSP form and update the fields on the Medicare Page
006	Patient's address is incomplete	Error	An entry is missing in one of the following fields: Street, City, State and/or Zip Code. Complete patient address fields on Page 1 of the registration editor.
007	Patient's date of birth incomplete	Error	The DATE OF BIRTH entry is missing or incomplete. Complete the patient's DATE OF BIRTH field on Page 1 of the registration editor.
008	Patient's marital status incomplete	Warning	The MARITAL STATUS field is missing. Complete the patient's MARITAL STATUS field on Page 1 of the registration editor
009	Patient's gender incomplete	Error	An entry for the Gender field is missing. Complete the patient's Gender field on

Error #	Error	Status	Corrective Action
			page 1.
010	Policy holder address is missing (#)	Error	An entry is missing in one of the following fields of the policy holder's address: Street, City, State, and/or Zip Code. Complete the policy holder address data on Page 4.
011	Policy is designated as being supplemental to Medicare	Warning	Insurer marked w/visit type of "M" for Medicare Supplement.
013	Release of Information is missing	Warning	The system has determined there is no ROI on file. Obtain ROI and enter the date obtained on Page 9
014	Release of Information Expired past 1 year	Error	The Release of Information date exceeds one year from the last entry date. Obtain ROI and enter the date on Page 9
015	Emergency contact information incomplete	Warning	An entry is missing in one of the following fields: Contact Name, Relationship, Address and/or Telephone number. Complete the EMERGENCY CONTACT information on Page 3
016	Relationship to Policy Holder is missing (#)	Error	The relationship to the insured field has not been entered. Choose the Private Insurance entry from Page 4 and complete the RELATIONSHIP TO INSURED data.
017	Coverage Type(s) not defined for the policy	Warning	The coverage type for the insurer is missing. Enter the coverage type for the appropriate payer.
018	Missing effective date of eligibility	Error	The eligibility dates are missing from the Insurer File. Locate entry and add a ELIGIBILITY BEGIN DATE.
019	Missing status for Policy Holder's employer	Warning	The POLICY HOLDER EMPLOYER DATA
020	Group name/Plan Name incomplete	Warning	The GROUP NAME is incomplete or missing. Enter the GROUP data on the Medicare or Private Insurance Page
021	Group number/Plan Number incomplete	Warning	The GROUP NUMBER for the Group Name is missing. Enter the GROUP NUMBER into Table Maintenance.
022	Missing/incomplete Insurance Policy number (#)	Error	The Policy or Member number is missing or incomplete. Select the correct payer and make sure the Identification numbers have been entered.
023	Missing Policy Holder/Member Name for policy	Error	The Policy or Member name is missing or incomplete. Select the correct payer and make sure the Policy Holder's name has been entered.
024	Invalid Policy Holder/Member Name format for the insured	Error	The Policy or Member name is in an invalid format. The format for the name should be LAST,FIRST with no spaces or no trailing spaces.
025	Insured's gender incomplete	Error	The gender is missing for the Policy Holder data.
027	Insurers address incomplete (#)	Error	The address of the Insurance Company is missing or incomplete. Enter this information into the Insurer File in Table

Error #	Error	Status	Corrective Action
			Maintenance.
029	Medicare eligibility data incomplete	Error	Must complete Medicare eligibility information- Subscriber's name, HIC, eligibility dates.
030	Medicaid Coverage Type missing	Error	The COVERAGE TYPE is missing for the MEDICAID insurer. Enter the information in the COVERAGE TYPE field.
031	Medicaid Rate Code missing	Error	The RATE CODE is missing for the MEDICAID insurer. Enter the information in the RATE CODE field.
033	Insurer Sequencing required	Warning	
034	Patient Referred to Benefits Coordinator	Warning	The patient has been referred to the Benefits Coordinator and his/her case is still open/under review.
035	Mother's or Father's Employer Information Missing	Error	The patient is a minor and the parental employer data is missing. Complete the appropriate fields on Page 2.

Note: # next to the entry indicates the policy number where the Warning/Error is occurring.

3.0 Patch 2

3.1 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 ABOUT 15 MILES TO MILE MARKER
193,
                        ACROSS THE BRIDGE, AND DOWN THE ROAD
-----
16.      HOME PHONE : 555-2222
17.      OFFICE PHONE : 555-3333
18.      OTHER PHONE : CELL: 555-3505
=====
                        Press RETURN :
```

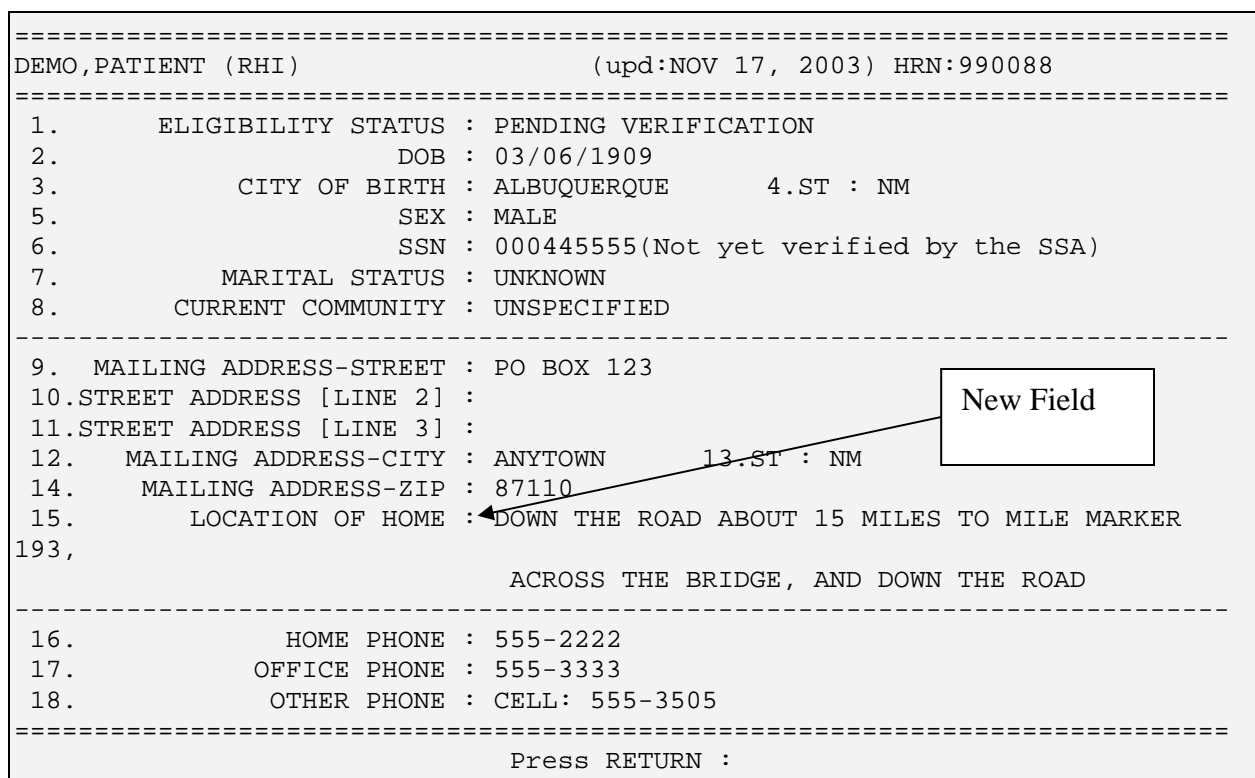


Figure 3-1: Finding the new Location of Home field

3.2 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 SUBSCRIBER	COVERAGE TYPE POLICY NUMBER	ELIG BEGIN - ELIG END
=====			
SEQ DATE: 11/21/2003			
1	NEW MEXICO BC/BS INC DEMO,PATIENT	333444555666	07/22/2003
2	NM MEDICAID DEMO,PATIENT	AD 0987654321	10/02/2003
3	MEDICARE DEMO,PATIENT	B 567894321B1	09/25/2003
4	MEDICARE DEMO,PATIENT	A 567894321B1	10/02/2003

*** THIS SEQUENCE REFLECTS THE LATEST PRIORITY SEQUENCE DATE ***

=====

Enter S(equence), A(dd) insurer, E(dit) insurer, T(oggle seq category) : **A**

Select INSURER NAME: **NEW MEXICO BC/BS INC** - 12800 INDIAN SCHOOL 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//

New message indicating that you are adding a duplicate insurer.

Figure 3-2: Adding duplicate insurers

3.3 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 field 8 in the private insurance screen. This field already exists but has now been made an identifier so it will display the date when you type ? at the field prompt. This is in case one of the associated fields needed to be edited.

```

ENTER ACTION (<E>dit Data,<A>dd Member,<D>elete Member,<V>iew/EditPH Addr): E

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

[8] Pre-Certification #.:?
      Answer with PRE-CERTIFICATION PRE-CERTIFICATION NUMBER, or
      PRE-CERTIFICATION DATE
      Choose from:
      879          Dec 2,2003
      987541223    Dec 2,2003
      987654321    Aug 22,2003
      123456789098765    Jul 17,2003
      8d1e541      Dec 2,2003

```

Figure 3-3: Pre-certification Identifier

3.4 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 the SSA)
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 :

```

Figure 3-4: Locating fields 4 and 13

3.5 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 3-5:) 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	
=====			
XXXXXXXX,XXXXX		(upd:AUG 20, 1993) HRN#:999999 (CHS & DIRECT)	
=====			
MEDICAL COVERAGE			

SEQ	INSURER SUBSCRIBER	COVERAGE TYPE POLICY NUMBER	ELIG BEGIN - ELIG END
=====			
SEQ DATE: 11/13/2003			
*** NEW SEQUENCE REQUIRED FOR 11/21/2003 ***			
1	NM MEDICAID XXXXXXXX,XXXXX	123456789	03/01/1986
2	MEDICARE XXXXXXXX,XXXXX	123456789D	B 04/01/1975
3	MEDICARE XXXXXXXX,XXXXX	123456789D	B 05/01/1975
*** THIS SEQUENCE REFLECTS THE LATEST PRIORITY SEQUENCE DATE ***			
=====			
Enter S(equence), A(dd) insurer, E(dit) insurer, T(oggle seq category) :			

This message will be in reverse video and blinking

Figure 3-5: Viewing the sequencing message

After re-sequencing, you will see a display similar to Figure 3-6:. Any new sequencing after installing patch 2 will not need any special attention.

IHS REGISTRATION EDITOR (page 4)		R U BETTER CARE CENTER	
=====			
XXXXXXXX,XXXXX		(upd:AUG 20, 1993) HRN#:999999 (CHS & DIRECT)	
=====			
MEDICAL COVERAGE			

SEQ	INSURER SUBSCRIBER	COVERAGE TYPE POLICY NUMBER	ELIG BEGIN - ELIG END
=====			
SEQ DATE: 11/13/2003			
1	NM MEDICAID XXXXXXXX,XXXXX	123456789	03/01/1986
2	MEDICARE XXXXXXXX,XXXXX	123456789D	B 04/01/1975

3	MEDICARE XXXXXXX,XXXXX	123456789D	A	05/01/1975
*** THIS SEQUENCE REFLECTS THE LATEST PRIORITY SEQUENCE DATE ***				
=====				
Enter S(equence), A(dd) insurer, E(dit) insurer, T(oggle seq category) :				

Figure 3-6: Updated sequencing screen

3.6 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 page 8.

3.7 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 3-7: Deleting the Proof of Name Change field

3.8 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 4.1).

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: ??

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
BLACK, NOT OF HISPANIC ORIGIN	4
HISPANIC, BLACK	2
HISPANIC, WHITE	1
UNKNOWN	7
WHITE, NOT OF HISPANIC ORIGIN	

RACE:

NUMBER IN HOUSEHOLD: 2

TOTAL HOUSEHOLD INCOME: 10000

Three new prompts

Figure 3-8: Using the new fields in the ADD option

3.9 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 3-9: Viewing the new Notice of Privacy fields

4.0 Patch 1

4.1 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
      ALBUQUERQUE      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//
Print ADDITIONAL INFO: YES//
Prnt how many ADDIT INFO lines: L3//
Disp RACE,# HSHLD,HSHLD INC: NO//
Prnt RACE,# HSHLD,HSHLD INC: NO//

```

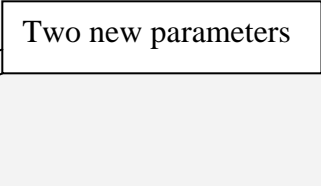


Figure 4-1: Selecting the new prompts

4.2 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

=====

DEMO,J (updated:MAR 25, 2003)HRN#:345678(CHS & DIRECT)

=====

Emergency Contact/Next of Kin

--- Emergency Contact Data ---

1. EMERGENCY CONTACT : DEMO,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 :

11. NOK- ADDRESS-STREET :

12. NOK ADDRESS-CITY :

13. NOK ADDRESS-STATE :

14. NOK ADDRESS-ZIP :

=====

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

=====

DEMO,J (updated:MAR 25, 2003)HRN#:345678(CHS & DIRECT)

=====

Emergency Contact/Next of Kin

--- Emergency Contact Data ---

1. EMERGENCY CONTACT : DEMO,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// :

Type **SAME**, at the "EC Address-Street:" prompt and the system will auto populate the fields with the Patient's address information.

Figure 4-2: Typing same for the EC address

4.3 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
=====
DEMO,J                          (upd:MAR 26, 2003) HRN#:345678  (CHS & DIRECT)
=====
1) Policy Holder.: DEMO,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) DEMO,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 : DEMO,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// :
  
```

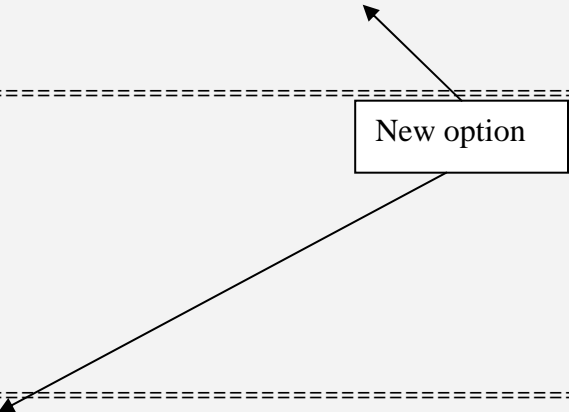


Figure 4-3: Editing through the Private insurance page

4.4 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
=====
DEMO,J                  (upd:MAR 25, 2003) HRN#:345678      (CHS & DIRECT)
=====
                        Religion/Tribal Data/Employment
1.      RELIGIOUS PREFERENCE :
2.  CLASSIFICATION/BENEFICIARY :  INDIAN/ALASKA NATIVE
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 :
13.     MOTHER'S EMPLOYER NAME :
14.     RACE :
15.     NUMBER IN HOUSEHOLD :
16.     TOTAL HOUSEHOLD INCOME :
=====
CHANGE which item? (1-16) NONE//:
  
```

Figure 4-4 shows the relocated fields. The fields "TRIBE QUANTUM" and "INDIAN BLOOD QUANTUM" are moved to the same line as "TRIBE OF MEMBERSHIP" and "ALAKANUK VILLAGE" respectively, when the "RACE", "NUMBER IN HOUSEHOLD", and "TOTAL HOUSEHOLD INCOME" fields are displayed on the same page. The new separator lines are added between the fields.

Figure 4-4: Relocated fields

4.5 New HIPAA Related Privacy Fields

4.5.1 New Notice

When you log into Patient Registration, you will see a notice on the screen as shown in bold in Figure 4-5.

```

                                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 4-5: New HIPAA notice

4.5.2 Restricted Health Information Warnings

If you select a patient that has *Approved* Restricted Health Information, you will see a warning as shown in Figure 4-6.

```

                                PATIENT REGISTRATION

                                DULCE HEALTH CENTER

                                EDIT a patient's file

*** 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 4-6: 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 4-7).

```

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.      CITY OF BIRTH : ALBUQUERQUE                                4.ST : NM
5.      SEX : FEMALE
6.      SSN : 000339786(Not yet verified by the SSA)
7.      MARITAL STATUS :
8.      CURRENT COMMUNITY : BERNALILLO

-----
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 : 505-555-3863
17.      OFFICE PHONE : 505-555-5897
18.      OTHER PHONE :

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

```

If RHI is blinking, the patient record contains restricted health information.

Figure 4-7: Displaying the blinking RHI warning

4.5.3 New Fields

Page 9 has three new HIPAA related fields. These new fields are 10, 11, and 12 (see Figure 4-8).

```

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 4-8: 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 4-9: 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 4-10: 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 4-11.

#	Patient Name	Current Status	Status Entered on
1	DEMO, P. KEEP INFO FROM MY RELATIVES	A	04/25/2003
2	DEMO, P. DON'T WANT LAWYERS TO SEE MY INFO - THIS IS A TEST TO SEE HOW THE REPORT LOOKS**	A	04/24/2003

Select 1 - 2 (Press ENTER to add a new record or "^" to exit) :

Figure 4-11: Using new field # 12

You can then choose to enter a new reason if necessary as shown in Figure 4-12.

```
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 4-12: Entering a new reason

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

4.6 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
entered,user

```

Figure 4-13: 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 4-14: Running the RHI report (steps 3-4)

6. Figure 4-15 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 ENTERING -----	DATE OF 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 4-15: Example of the RHI report

4.7 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(quence), 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
=====
DEMO,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
                                000333555A
2         MUTUAL OF OMAHA                01/01/2001    03/26/2003
        DEMO,J                000645789
=====
Enter S(quence), A(dd) insurer, E(dit) insurer, T(oggle seq category) : E

IHS REGISTRATION EDITOR (page 4)                                DULCE HEALTH CENTER
=====
DEMO,J                  (upd:MAR 26, 2003) HRN#:345678    (CHS & DIRECT)
=====
                                MEDICAL COVERAGE
-----
SEQ      INSURER                COVERAGE TYPE                ELIG BEGIN - ELIG END
        SUBSCRIBER                POLICY NUMBER
=====
1         MEDICARE
                                000333555A
2         MUTUAL OF OMAHA                01/01/2001    03/26/2003
        DEMO,J                000645789
=====
Enter the insurer number you want to edit. : 1

```

Figure 4-16: 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
=====		
Demo,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 : DEMO,J	5.Medicare Number: 000333555A	
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 4-17: Deleting coverage (steps 3-5)

4.8 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 4-20) 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 4-18: 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.

```

PATIENT REGISTRATION

DULCE HEALTH CENTER

Print list of MEDICAID HOLDERS alphabetically

Select one of the following:

A      ALL ACCOUNTS (all patients)
O      OPEN ACCOUNTS (anyone with coverage in date range)
T      TERMED ACCOUNTS (people termed in range)
C      CURRENT ACCOUNTS (anyone covered at this time)

Select desired accounts: █
  
```

Figure 4-19: 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.

```

PATIENT REGISTRATION

DULCE HEALTH CENTER

Print list of MEDICAID HOLDERS alphabetically

Select one of the following:

A      ALL ACCOUNTS (all patients)
O      OPEN ACCOUNTS (anyone with coverage in date range)
T      TERMED ACCOUNTS (people termed in range)
C      CURRENT ACCOUNTS (anyone covered at this time)

Select desired accounts: a ALL ACCOUNTS (all patients)
Select PLAN NAME (or NONE for entries without a plan name): ALL//
  
```

New prompt

Figure 4-20: Restricting the MCD reports

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

4.9 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.

4.10 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.

5.0 Contact Information

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

Phone: (505) 248-4371 or
(888) 830-7280

Fax: (505) 248-4363

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

Email: ITSCHelp@mail.ihs.gov