



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Patient Registration (AG)

Patch 1 Addendum

Version 7.1 Patch 1
February 2006

Office of Information Technology
Division of Information Resources
Albuquerque, New Mexico

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1.0 Introduction

Please review these changes, and add a copy of them to any printed documentation your site may be using for Patient Registration Version 7.1. These changes will be integrated into future versions of the software and user manuals. These changes will no longer be considered an addendum at the time of the next *version* release.

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

2.0 Patch 1

Patch 1 includes modifications to Patient Registration Version 7.1.

2.1 Summary of Changes

Patch 1

Patch 1 provides corrections and enhancements to version 7.1 of the Patient Registration application. Patch 1 contains modifications to the following:

- Inclusion of new Medicare Part D page that will comply with capturing the Medicare Pharmacy insurance data.
- Allow the ability to view closed Benefit Coordinator cases.
- Modification to the Assignment of Benefits and Release of Information errors (#3 and #14) to display as WARNING instead of ERROR.
- Correction of known corrupted data in the Eligibility, Patient, and Insurer files.
- Previously when the user pressed the Enter Key in the Registration Editor to move from Page 3 to Page 4, a Subscript error was caused that kicked the user out of the system. Now the message “Undefined” will appear.
- A correction was made to the Registration Editor that fixed an error that resulted when the user attempted to access the 2nd Private Insurance page that contains the CO-PAY/DED RATES from the COVERAGE TYPE file.
- A correction was made for other applications that access a face sheet. The user was getting kicked out with an error if the DFN was not defined.
- In the Workman’s Comp file the user was previously kicked out with an error if the employer entry was previously merged. The user would get an error when accessing the registration editor. This problem has been corrected.
- A correction was made to the “Last edited by” field so that the field will show the correct editor after sequencing insurers.

- Adjustment was made to properly clear and update error messages, preventing the erroneous errors for insurers not belonging to the patient or the insurance entry being viewed.
- Field conversion was added to allow ROI dates to show after installation. This will execute during the post installation process.
- The “AA” cross reference and edit screens were modified to allow editing of a missing state field if it is encountered on the Medicaid page and if the user abruptly ends the RPMS session they were in by clicking on the “x” with their mouse.
- A modification was made to allow the editing of entries that do not have the policy holder field populated. However, a policy holder will first have to be supplied when adding a new Private Insurance entry.
- A modification was made to the "GENERATE transactions file" (within the Patient Registration export menu) to fix corrupted data encountered in the insurance eligibility files. This change should fix bad data records before the export processes the patient information.
- The guarantor display was changed so that it utilizes the correct pointer to access the Guarantor record.
- Error 4 (MSP missing) and Error 5 (MSP expired past 90 days) displayed when the patient did not have Medicare eligibility. A modification was made to not display those errors when the patient did not contain open eligibility.
- The insurance sequencing in the Registration Editor was modified to correct the auto-population of the insurer pointer variable when no data is present. This pertains to the Medicaid entry showing on the summary page when there was no Medicaid coverage available.
- The field labeled “Cardcopy Date” must be answered if the user types in YES at the “Cardcopy on file” prompt.
- The Private Insurance page was corrected allowing it to display benefit data when the coverage type field is populated. Previously, it was displaying the Insurance Summary page.
- The Medicaid Eligible page was modified to check the correct Medicaid insurer when checking for a missing coverage type entry.
- The Private Insurance Eligible page was modified so that the relationship code labeled “SELF” may only be entered one time for the policy holder.
- Users may now enter the “DATE OF INACTIVATION” when they choose to inactivate a Patients file. The purpose of this field is to allow the user to enter the precise date the record was inactivated.
- The Registration Editor was modified to correctly remove entries when deleting the member name from the Private Insurance Eligibility screens.

- The “Add/Edit Policy Holder Data” option was corrected to allow the user to correctly enter Private Insurance Eligible data.
- Duplicate to above
- A “View” option was added to Page 5 of the Registration Editor, allowing users to see closed Benefit Coordinator cases.
- The Medicare, Railroad Retirement pages were modified to prevent a minor from being entered as a Policy Holder. A minor is consider to be 18 years of age or younger.

2.2 Date of Inactivation

Users may now enter the “DATE OF INACTIVATION” when they choose to inactivate a Patients file. The purpose of this field is to allow the user to enter the precise date the record was inactivated.

```
Select Patient Registration Option: INA  INACTIVATE/ACTIVATE a patient's file

PATIENT REGISTRATION

INDIAN HEALTH HOSPITAL

INACTIVATE/ACTIVATE 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 ***
=====

1... INACTIVATE a file
2... ACTIVATE  a file

Select 1 or 2 : 1

INACTIVATE...

Select PATIENT NAME: 35431
DOOR,ARBOR                M 07-24-1979 500310014  IHH 35431

You wish to inactivate DOOR,ARBOR

CORRECT? (Y/N)  Y
DATE INACTIVATED/DELETED: T-30  (DEC 27, 2005)

Select the record disposition from among the following:
```

```

1.    REGISTERED IN ERROR
The record was entered in error and is not a valid patient record.

2.    SENT TO ARCHIVES
The patient record has been archived and sent to the appropriate repository.

3.    INACTIVE RECORD (ON FILE HERE)
The record is inactive but remains in this facility (not sent to archives).

4.    NEW CHART
This is a new chart

5.    REACTIVATED
Chart was not recalled from archives.

6.    NO ACTIVE CHART
Registered for CHS.

Enter 1 - 6 2

```

Figure 2-1: Entry of date of inactivation when a patient's file is inactivated

2.3 View Option

A “View” option was added to Page 5 of the Registration Editor, allowing users to see closed Benefit Coordinator cases.

```

IHS REGISTRATION EDITOR  (page 5)                                INDIAN HEALTH HOSPITAL
=====
DEMO,JOHN                (upd:JAN 26, 2006) HRN:123567 CHS & DIRECT
=====
                        BENEFITS COORDINATION
=====
CASE DATE                ASSIGNED TO                ASSIGNED BY                REASON
-----
PATIENT HAS 1 CLOSED CASE

=====
PRIOR AUTHORIZATION      ENCOUNTER DATE      ADMISSION DATE      INSURER                TYPE
-----
PATIENT HAS NO AUTHORIZATION ENCOUNTER DATES!

-----
Last edited by: LUJAN,ADRIAN M on Jan 26, 2006
=====
Add <C>ase or <A>uthorization, or <V>iew closed cases: V

-----

IHS REGISTRATION VIEW SCREEN  (page 5)                                INDIAN HEALTH HOSPITAL
=====
DEMO,JOHN                (upd:JAN 26, 2006) HRN:123567 CHS & DIRECT
=====
                        BENEFITS COORDINATION
=====

```

CASE DATE	ASSIGNED TO	ASSIGNED BY	REASON
1.JAN 26, 2006	RENDER, SHONDA	AL	POSSIBLE MEDICAID ELIG
PRIOR AUTHORIZATION	ENCOUNTER DATE	ADMISSION DATE	INSURER TYPE
PATIENT HAS NO AUTHORIZATION ENCOUNTER DATES!			
Last edited by: LUJAN, ADRIAN M on Jan 26, 2006			
Enter item number to view or <R>esume editing: R// 1			

Figure 2-1: Example of “View” option in the Registration Editor

2.4 Medicare Part D

In December 2003, Congress passed the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). A major change was the addition of Part D to the Medicare program, a voluntary prescription drug benefit. Starting January 1, 2006, Prescription Drug Coverage will be available for everyone who is Medicare eligible, regardless of income and resources, health status, or current prescription expenses. I/T/Us have several beneficiaries that will be affected by the new prescription drug plan.

In order to accommodate Part D, modifications have been made to the Patient Registration editor which will allow the user to record the Medicare Pharmacy data into RPMS.

2.4.1 Set Up

There is minimal set up to the Registration system that will need to be performed. The user will need to ensure that the prescription plan has been entered into the Insurer file.

A new Insurer Type code labeled MCR PART D has been added to the Insurer File as a Type of Insurer and must be added to the Medicare Pharmacy insurer.

2.4.1.1 Adding the New Insurer Entry

The process for adding a new insurance entry into the system remains the same. For Medicare Part D Insurance plans, it is recommended that each site add a D in front of the name. This will allow the Patient Registration staff to identify these payers as Medicare Part D plans.

In the example below, the entry is added into the Insurer file by using the Insurer File options in the Patient Registration Table Maintenance menus (REG→TM→INS→EINS).

Select Insurer File Menu Option: EINS Add/Edit an Insurer

```
+-----+
|          PATIENT REGISTRATION SYSTEM - VER 7.1          |
+-----+
|          INDIAN HEALTH HOSPITAL                         |
+-----+
```

Select INSURER: D-COMMUNITY CARE RX
(CARE/CAREMARK COMMUNITY)

The following words were not used in this search:

D
RX

Attempting FILEMAN lookup...

Are you adding 'D-COMMUNITY CARE RX' as a new INSURER? No// YES (Yes)

INSURER STATE: OHIO

INSURER ZIP: 44139

NAME: D-COMMUNITY CARE RX//

TYPE OF INSURER: PRIVATE// ??

Choose from:

H	HMO
M	MEDICARE SUPPL.
D	MEDICAID FI
R	MEDICARE FI
P	PRIVATE
W	WORKMEN'S COMP.
C	CHAMPUS
F	FRATERNAL ORG
N	NON-BEN (NON-INDIAN)
I	INDIAN PATIENT
K	CHIP (KIDSCARE)
T	THIRD PARTY LIABILITY
G	GUARANTOR
MD	MCR PART D

TYPE OF INSURER: PRIVATE// MD MCR PART D

LONG NAME: D-COMMUNITY CARE RX//

STREET: PO BOX 391180

CITY: CLEVELAND

STATE: OHIO//

ZIP: 44139//

PHONE: (888)868-5854

CONTACT PERSON:

BILLING OFFICE:

BILLING STREET:

BILLING CITY:

BILLING STATE:

BILLING ZIP:

STATUS: BILLABLE//

MEDICAID COVERAGE REQUIRED:

MEDICAID RATE CODE REQUIRED:

PLAN NAME REQUIRED:


```
SCREEN DISPLAY:
NETWORK PROVIDER:
```

Figure 2-2: Adding a new insurer entry

It is important to note that the system will default the TYPE OF INSURER field to *PRIVATE INSURANCE*. The user will have to manually change this prompt to reflect MCR PART D (MD). It is recommended that each Medicare Part D Insurance plan be set to this Type of Insurer so that reports can be generated to reflect Medicare eligibility counts in the future.

Once the insurer entry has been added, it is ready for use.

2.4.1.2 Editing an Existing Insurance Entry

If the facility populated RPMS with Medicare Part D plans before the release of this patch, the user will need to change the existing Type of Insurer for the plans that are identified as Part D plans.

To accomplish this, the user must choose to edit the entry in the Table Maintenance options of the Patient Registration system (REG→TM→INS→EINS).

```
Select Insurer File Menu Option: EINS  Add/Edit an Insurer

      +-----+
      |          PATIENT REGISTRATION SYSTEM - VER 7.1          |
      +-----+
      |          INDIAN HEALTH HOSPITAL                          |
      +-----+

Select INSURER: D-SILVERSCRIPT
( SILVERSCRIPT )

The following word was not used in this search:
  D
.
D-SILVERSCRIPT (D-SILVERSCRIPT)
  ARIZONA      85260

OK? Y// ES

NAME: D-SILVERSCRIPT//
TYPE OF INSURER: PRIVATE// MD  MCR PART D
LONG NAME: D-SILVERSCRIPT//
STREET: 9501 EAST SHEA BLVD//
CITY: SCOTTSDALE//
STATE: ARIZONA//
ZIP: 85260//
PHONE:
CONTACT PERSON:
```

Figure 2-3: Editing an existing insurer entry

The only change made to this insurer involved adding a new Type of Insurer code.

2.4.2 Adding the Medicare Prescription Plan to Page 4

The Medicare Pharmacy data may be added to any patient that is identified with new or existing Medicare eligibility. Entries are added to Page 4 of the registration editor.

The user can either type in “A” to add the entry on Page 4. Or they may edit the Medicare entry to add new Part D eligibility.

```

The following shows the Summary Page for a patient that contains Medicare
eligibility data. IHS REGISTRATION EDITOR (page 4)
INDIAN HEALTH HOSPITAL
=====
DEMO,JOHN                      (upd:AUG 23, 2004) HRN:123567 CHS & DIRECT
=====
                                MEDICAL COVERAGE
=====
SEQ      INSURER                COVERAGE TYPE          ELIG BEGIN - ELIG END
        SUBSCRIBER              POLICY NUMBER
=====
*** PATIENT HAS NO CATEGORIES SET UP ***
1.      NEVERPAY INSURANCE                01/01/2001
        DEMO,JOHN                        IDNUMBER
2.      MEDICARE                          A          01/01/2000
                                123456789A
        MEDICARE                          B          01/01/2000
                                123456789A
=====
Enter S(quence), A(dd) insurer, E(dit) insurer, T(oggle seq category) :

```

Figure 2-4: Adding the Medicare Prescription Plan to eligibility files

The following displays the Medicare eligibility data. To add the Part D coverage, type in “A” to add:

```

IHS REGISTRATION EDITOR          MEDICARE          INDIAN HEALTH HOSPITAL
=====
DEMO,JOHN                      (upd:JAN 23, 2006) HRN#:123567 (CHS & DIRECT)
=====
MEDICARE PART A AND B DATA ONLY
=====
1.Med. Release Date: MAR 22, 2003
2.QMB/SLMB :
3.IMP MSG FORM MCR SIG OBTAINED: JUL 23,2003
4.ADVANCE BENEFICIARY NOTICE:
..... MEDICARE PART A AND B DATA ONLY .....
. 5.Medicare Name : DEMO,JOHN D          6.Medicare Number: 123456789A
  7.Prim. Care Prv:                      8.Date of Birth : JAN 01, 1950
  9.CC on file : YES Date obtained: JUL 23, 2003

      ELIG DATE BEGIN          (updated)      Cov Plan Name          ELIG END
.....
10.  JAN 01, 2000              (JAN 23, 2006)      A
11.  JAN 01, 2000                      B
=====

```

```
***ERROR 036: MEMBER NAME MISSING/INCORRECT FORMAT FOR(123456789A|MEDICARE)
(Edit = "E" Add = "A" Delete = "D") Type E, A, or D: A
```

Figure 2-5: Adding part D coverage

The system will prompt the user to enter a new eligibility date. The user must enter the date the patient began their Medicare Part D coverage. Once they type in the date, press the Enter key. The coverage type field will display. The user will need to type in the letter D to indicate the Part D coverage:

The system will now prompt the user to enter the name of the Part D plan. The user can enter the name of the insurer at this time.

Note: *This field uses a screen that will only allow entries that have a Type of Insurer equal to MEDICARE PART D (MD) or Medicare FI (R)! If the payer does not contain the “MD” Insurer Type, then the entry cannot be made.*

```
Enter the ELIGIBILITY DATE: 01/01/2006 (JAN 01, 2006)
```

```
Type of COVERAGE (A, B, D): D
```

```
PLAN NAME: D-SILVER( SILVER/SILVERSCRIPT )
```

```
The following word was not used in this search:
```

```
D
```

```
.
```

```
D-SILVERSCRIPT (D-SILVERSCRIPT)
```

```
OK? Y// ES
```

```
MEDICARE NAME: DEMO,JOHN D//
```

```
ID Number: 123456789//
```

```
PERSON CODE:
```

```
GENDER: M// MALE
```

```
DATE OF BIRTH: JAN 1,1950// (JAN 01, 1950)
```

```
GROUP NAME:
```

Figure 2-6: Adding part D coverage

As displayed above, once the user has successfully entered the Part D insurer, the system will then prompt for the following fields:

- Medicare Name – Free-text
- ID Number-Free-text
- Person Code-Free-text
- Gender-Choose from Male or Female.
- Date of Birth-Enter a date of birth.
- Group Name-Enter a group name or group number if required.

Entering data into the above fields will not have an affect on the Part A or Part B eligibility data contained in the Medicare Eligibility files. The patient's data will display as default items when entering through the prompts.

After entering all of the information passed the Group Name field, the system will display the Medicare Pharmacy page. This page will display all the Medicare Pharmacy data that exists for the patient.

IHS REGISTRATION EDITOR	Medicare Pharmacy	INDIAN HEALTH HOSPITAL
=====		
DEMO,JOHN	(upd:JAN 23, 2006) HRN#:123567	(CHS & DIRECT)
=====		
-----MEDICARE PART D DATA-----		
1) Medicare Name: DEMO,JOHN D	4) Gender (M/F): MALE	
2) ID Number: 123456789	5) Date of Birth: JAN 01, 1950	
3) Person Code:		
-----ELIGIBILITY DATES-----		
-----Effective Date-----		-----Expire Date-----
6) JAN 1,2006		A

7) Grp Name:	Grp Number:	

8) D-SILVERSCRIPT		
9501 EAST SHEA BLVD		
SCOTTSDALE,ARIZONA 85260		

Last edited by: LUJAN,ADRIAN M on Jan 23, 2006		
=====		
ENTER ACTION (<E>dit a field,<D>elete eligibility date:		

Figure 2-7: Medicare pharmacy data screen

The user may elect to correct data to match the information contained on the patient's prescription card. To return back to the previous Medicare eligibility screen, press the Enter Key.

To edit the fields, you would type E for Edit and type in the corresponding number of the field that the User will edit.

Now that the eligibility has been added, the page will display the Part D data, complete with the eligibility dates and the Medicare Pharmacy plan that was entered for the patient.

IHS REGISTRATION EDITOR	MEDICARE	INDIAN HEALTH HOSPITAL
=====		
DEMO,JOHN	(upd:JAN 23, 2006) HRN#:123567	(CHS & DIRECT)
=====		
-----MEDICARE PART A AND B DATA ONLY -----		
1.Med. Release Date: MAR 22, 2003		
2.QMB/SLMB :		
3.IMP MSG FORM MCR SIG OBTAINED: JUL 23,2003		
4.ADVANCE BENEFICIARY NOTICE:		
..... MEDICARE PART A AND B DATA ONLY		
5.Medicare Name : DEMO,JOHN D	6.Medicare Number: 123456789A	

7.Prim. Care Prv:		8.Date of Birth : JAN 01, 1950	
9.CC on file : YES		Date obtained: JUL 23, 2003	
ELIG DATE BEGIN	(updated)	Cov	Plan Name
10. JAN 01, 2000	(JAN 23, 2006)	A	
11. JAN 01, 2000		B	
12. JAN 01, 2006		D	D-SILVERSCRIPT

(Edit = "E" Add = "A" Delete = "D") Type E, A, or D:			

Figure 2-8: Display of Medicare Part D data

Page 4 of the Registration Editor will also display the Medicare Pharmacy plan. The user may choose to sequence this payer to the Pharmacy Coverage Page at this time.

IHS REGISTRATION EDITOR (page 4)		INDIAN HEALTH HOSPITAL	
=====		=====	
DEMO,JOHN		(upd:JAN 23, 2006) HRN:123567 CHS & DIRECT	
=====		=====	
MEDICAL COVERAGE			

SEQ	INSURER SUBSCRIBER	COVERAGE TYPE POLICY NUMBER	ELIG BEGIN - ELIG END
=====			
*** PATIENT HAS NO CATEGORIES SET UP ***			
1.	D-SILVERSCRIPT DEMO,JOHN D	D 123456789A	01/01/2006
2.	NEVERPAY INSURANCE DEMO,JOHN	IDNUMBER	01/01/2001
3.	MEDICARE DEMO,JOHN D	A 123456789A	01/01/2000
	MEDICARE DEMO,JOHN D	B 123456789A	01/01/2000

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

Figure 2-9: Display of page 4 of the Registration Editor including sequencing option

When editing the Medicare Pharmacy plans, keep the following in mind:

- The patient may have more than one Part D entry. The system does not prevent the addition of duplicate entries. The End User must be careful to not create duplicate entries.

3.0 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) 248-4363

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

Email: ITSCHelp@mail.ihs.gov