



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Patient Registration (AG)

Patch 2 Addendum

Version 7.1 Patch 2
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Division of Information Resources
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1.0 Introduction

Review the changes, and add a copy of them to any printed documentation your site may be using for Patient Registration Version 7.1., Patch 1. These changes will be integrated into future versions of the software and user manuals and will no longer be considered an addendum at the time of the next release.

This addendum only contains changes made in patches 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 these respective patches.

1.1 Summary of Changes for Patch 2

Patch 2 provides corrections and enhancements to version 7.1., Patch 1 of the Patient Registration application. Patch 2 contains modifications to the following:

Patch 2

- Addition of two reports to support the Third Party Revenue Internal Controls policy, the two reports are: 1) *Benefits Coordinator Productivity Report*, 2) *Patients Under 18 of Age* report.
- Addition of Medicare Part D reports including statistical counts and listing of patient eligibility by Medicare Plan name.
- Modification of Summary of Third Party Resources report to include Medicare Part D statistical counts.
- A change was made to page four which displayed MEDICAL COVERAGE to display a SUMMARY COVERAGE of all active insurers.
- Addition of the ability to undo a sequence function and to view historical sequence dates.
- Included new option to *View all Inactive Insurers*.
- Modification of the Private Insurance Eligibility report to not ask for *Start with Patient Name* or *End with Patient Name*.
- Addition of a new mandatory field which does not allow user to bypass Marital Status when adding a New Patient.
- Modification to remove the ability to answer “no” when the user is asked the question to SCAN for similar names during the New Patient entry process.
- Modification of functionality for queuing of the Guarantor page to not have the system point to the Classification status field when the patient is registered

as a Non-Indian Spouse as a type of patient to trigger the completion of this page.

- Allow ability to view closed Benefit Coordinator cases by adding a “View” option on page five of the Registration Editor.
- Patch 2 now allows the user to add the new eligibility dates if there was a gap in coverage. User was not able to add another insurer entry from the summary page if the patient already had an entry with that same insurer.
- The user is now able to add Medicare and Railroad Retirement for minors. Version 7.1 did not allow a minor to be added as a policy holder if the insurer was Medicare or Railroad Retirement.
- The Face Sheet was displaying the wrong field for policy member from the Private Insurance file. The system will now display the Member Number field from #14.
- A modification was made to allow the user to *View Historical Sequencing Data*. Sites reported that after sequencing insurers at some future date, they could not see what was done.
- A member could be entered multiple times on page four. Private Insurance, Patch 2 will not allow this to occur.
- When adding a Non-Beneficiary patient, the system would require Indian Quantum, and would continue applying checks even if the patient was Non-Indian. This was addressed to eliminate the Indian Quantum check.
- A new option was made available to request whether Internet is available to the patient, and which source they use.
- API is now included to interface with the Women’s Health and Patient Information Management System (PIMS) packages.
- Patch 2 corrected the problem with CMS upload that deleted all Medicare Part D information for active patients. Before performing a CMS upload to your system, it is important to save your globals by ^AUPNRRE and ^AUPNMCR as a precaution. These files should kept for at least two weeks.

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.

2.0 Patch 2 General Information

This section provides detailed information regarding the modifications in Patch 2.

2.1 Benefits Coordinator Report

2.1.1 Reports

Patch 2 contains a new report to monitor the activity of documentation entered on the Benefits Coordinator Page. It tracks the number of applications taken by the Benefits Coordinator, and counts the number of applications by each Benefits Coordinator. The User can enter a span of dates for each report type.

2.1.2 Set Up

For the report to display application types, the user must have entered the Application Information through the Patient Registration Table Maintenance Menu and APTP (Enter/Edit Patient Application types).

2.1.3 2.1.3 Printing the Report

From the *Reports Menu*, the user should select **BCP** Print Benefits Coordinator Productivity Report.

REGISTRATION REPORTS

```

BCC   BLANK COMMUNITY/CITY REPORT
STD   Check format of Names
ERP   Print Field Audit Report
PDP   LISTING OF POTENTIAL DUPLICATE PATIENTS
BCP   Print Benefits Coordinator Productivity Report
FAUD  FULL PATIENT FILE AUDIT

```

Select REGISTRATION REPORTS Option: **BCP**

Figure 2-1: Sample of registration reports menu

There is an option specifying a range of dates for this report. For example, the user may wish to have the report run for one quarter. The date that would be entered is January 1, 2006 through March 31, 2006, as shown in the following example.

```

Enter the BEGINNING DATE for this report: 010106 (JAN 01, 2006)
Enter the ENDING DATE for this report: 033106 (MAR 31, 2006)

```

Figure 2-2: Sample of date range entry

After dates have been specified, two types of reports can be run:

- Person Receiving the Application
- Application Type

Selection of Person Receiving the Application will display, as seen below.

BENEFIT COORDINATOR PRODUCTIVITY REPORT							
Date range From 1/1/2006 to 3/31/2006							
PERSON RECEIVING	APPROVED	DENIED	RE-SUBMITTED	REFUSED	FOLLOWUP NEEDED	ENTERED IN ERROR	PENDING
SOMERSET, THOMAS		1		1			1
RAINBOW, BEVERLY							1
BILLINGS, TWINKLE				1			

TOTALS		1		2			2

Figure 2-3: Sample of output displayed when Person Receiving the Application is selected

Selecting to run the report by *Application Type* will display the type of application a Benefits Coordinator has entered on page five of Patient Registration.

BENEFIT COORDINATOR PRODUCTIVITY REPORT							
Report Date: AUG 24, 2006@09:52:14							
Date range From 1/1/2006 to 3/31/2006							
APPLICATION TYPE	APPROVED	DENIED	RE-SUBMITTED	REFUSED	FOLLOWUP NEEDED	ENTERED IN ERROR	PENDING
AHCCCS ELIG APP		1					
SOCIAL SECURITY DISABILITY				2			1

TOTALS		1		2			2

Figure 2-4: Sample of report selected by application type

The Benefits Coordinator report will not include cases that were added as a case only beginning with #1, through #8. The only patient names that will print are those with #9 completed (Application Date, Application Type, Person Receiving and Status). See the following example.


```

=====
                          BENEFITS COORDINATION - CASE DATA
-----CASE INFORMATION-----
1. Case Date: AUG 19, 2006 by: TD                3. Case Type: OUTPATIENT
2. Case Number: 328409238                        4. Case Worker:
5. Case Reason: MEDICAID
6. Completed By:
7. Assigned to: ADAM,ADAM                        8. Notes:
=====
-APPLICATION-
DATE APPLICATION OBTAINED          TYPE          PERSON RECEIVING          STATUS
-----
9.AUG 01, 2006    SOCIAL SECURITY APPL    ADAM,JANE                DENIED
=====
SPENDDOWN INFORMATION-----
DATE REF'ED-----FACILITY REF TO-----SPEND DOWN--LAST-ACTION-----DATE REQ'ED---
-----
NO SPENDDOWN INFORMATION ASSOCIATED WITH THIS CASE
-----
Last edited by: SOMERSET, LINDA on Aug 24, 2006
=====
Change which item (1-9) OR Add <A>pplication OR Add <S>penddown information:
    
```

Figure 2-5: Sample of Business Coordinator report

Note: A referral to a Benefits Coordinator may be the same person who has taken the application. The person receiving the application must be an RPMS user.

2.2 Patients Under 18 Report

2.2.1 Reports

This report contains a list of patients who are 18 years of age or younger. It was developed to assist the Benefits Coordinator in determining who requires assistance with enrolling with an alternate resource program. Access this through the reports menu; then select *YNG Print List of Patients – 18 yrs and younger*, as depicted in the following example.

```

OVE      Print list of patients - 65 yrs and older
YNG    Print List of Patients - 18 yrs and younger
DOB      List patients in DATE-OF-BIRTH order
VET      VETERANS
PVT      Print List of Private Insurance Enrollees
SSN      SSN Reports Menu ...
PDP      LISTING OF POTENTIAL DUPLICATE PATIENTS
BCP      Print Benefits Coordinator Productivity Report
FAUD     FULL PATIENT FILE AUDIT

Select REGISTRATION REPORTS Option: YNG

```

Figure 2-6: Sample of Patients Under 18 report menu

The user will have a choice of printing *inactive* records or *active* records without selecting a range of patient names.

```

                Print List of Patients - 18 yrs and younger

*** 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 ***

Include inactive patients?? Y//Yes

DEVICE: HOME//

```

Figure 2-7: Example of screen seen when selecting to print inactive patients

The report will display insurance information if the child has no coverage, or with Medicaid and Private Insurance for both active enrollees and terminated insurance coverage. See the following example.

PATIENTS <18 YRS OLD			
Report date: AUG 24, 2006@15:29:51			
NAME (CHART #)	HOME PHONE	MEDICAID(M) PRIVATE(P)	SOCIAL SECURITY NO.
=====			
ARBURNSON, DARLENE E (108601)		M=3840982094	
RT 2 BOX 241	OCT 8, 1988		
HOLLYHOCK, MN			
(MCD) AVERY, SUMMER			

ARGONE, GONZO (109918)		M=377-03-5801	
RTE 3 BOX 18	APR 18, 1989		
OTTERTAIL MN			
(MCD) LAGUE, DONNY L			

AXEL, SHARON M (110422)	555-555-3130		161877294
BOX 149	MAR 30, 1989		
GOODRIDGE MN			

Figure 2-8: Sample of report output for a patient under 18

Note: This report does not contain Medicare information for minors. Users may reference the MCR Medicare/Railroad holders report in the Registration Reports Menu.

2.3 Medicare Part D Eligibility Report

2.3.1 Report

Patch 2 includes a report of all Medicare Part D patients who are enrolled or had coverage at one time. Users have a choice of running the report by:

- B ALL BENEFICIARIES
- A ACTIVE PATIENTS ONLY
- D DECEASED AND INACTIVE PATIENTS ONLY

Access to the report is through Patient Registration Reports Menu and by selecting MCRD – Print List of Medicare Part D Enrollees.

```

Print List of Medicare Part D Enrollees

*** 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 one of the following:

      B          ALL BENEFICIARIES
      A          ACTIVE PATIENTS ONLY
      D          DECEASED AND INACTIVE PATIENTS ONLY

SELECT DESIRED ACCOUNTS:  A          ACTIVE PATIENTS ONLY
DEVICE: HOME//
    
```

Figure 2-9: Sample of options used to print list of Medicare Part D enrollees

The report will display the Medicare Name, Plan, Eligibility date, and if applicable, the termination date. If the user did not enter a Plan Name on page four, the system will not print a plan.

```

REGISTERED PATIENTS - MEDICARE/RAILROAD PART D ACCOUNTS
as of AUG 25, 2006@13:51:12

REPORT CONTAINS PATIENTS ONLY

NAME                CHART #    NUMBER
(TYPE)             ELIG DATE  COVERAGE  ELIG END DATE  DATE OF BIRTH
=====
(REG) BEGONE,IDA    147002    555128521  JAN 29, 1939
(MCR) BEGONE,IDA                                JAN 29,1939
(PLN) D-NEW DRUG RX
(MCR)              JAN 1,2006    D          MAR 31,2006
-----
(REG) BONES,DUGGIE  32423    384902809  MAR 03, 1970
(MCR) BONES,DUGGIE                                MAR 3,1970
(PLN) D-NEW DRUG RX
(MCR)              JAN 1,2006    D
    
```

Figure 2-10: Sample of Medicare/Railroad Part D accounts screen

Note: If user enters Medicare Part D twice, the report will display that information. Currently page 4 of Patient Registration does not prevent multiple entries of Medicare Part D.

2.4 THR Third Party Billing Reports

2.4.1 Modifications to THR Third Party Billing Reports

The THR was modified to include a statistical count of Medicare Part D enrollees which is document on page four of *Patient Registration*, users may access active or inactive patients based on a specified time period.

The user can access Medicare Part D report through the Patient Registration Table Main Menu by selecting **THR**, as shown in following example.

```

ADD      ADD a new patient
EPT      EDIT a patient's file
FAC      Print a FACE SHEET
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 EMBOSSSED 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 ...

Select Patient Registration Option: THR

```

Figure 2-11: Sample of Patient Registration menu options

The user will then select **AGSM** – Summary of Third Party Resources.

```

MCD      Print lists of MEDICAID ACCOUNTS ...
COM      Print list of COMMISSIONED OFFICERS & DEPENDENTS
MCR      Print list of MEDICARE/RAILROAD RET. holders.
AGSM     Summary of 3rd Party Resources

Select Third Party Billing Reports Option: AGSM

```

Figure 2-12: Sample of Third Party Billing Reports options

If user selects a specific date, the report will count all Medicare Part D patients enrolled/terminated on the selected date. There is an option to request only active patients, *enter N=No* will print Inactive chart numbers as well as Active numbers. Please see the following example.

```
                This report counts the number of patients that have 3rd Party
                    insurance on a selected date.

Date for the point in Time you want eligibility for:  010106
Want to check if patient is active?  YES

DEVICE: HOME//
```

Figure 2-13: Sample of report using a specified date

The report will display all Unduplicated Patients for the time period requested.

UNDUPLICATED PATIENT COUNTS	
Medicaid Only:	1156
Private Insurance Only:	1192
Medicare A Only:	82
Medicare B Only:	9
Medicare Part A & B Only:	310
Medicare Part D:	17
Medicaid & Medicare:	36
Medicaid & Private Ins.:	22
Medicare & Private Ins.:	76
Medicaid, Medicare, & PI:	3

TOTAL	2886

Figure 2-14: Sample of unduplicated patients screen

Note: Unduplicated means a single patient enrolled with Third Party Coverage, not a count based on visits.

2.5 Page Four Summary of All Active Insurers

Page four of Patient Registration will no longer display, MEDICAL COVERAGE. The following display, is an example of how the screen previously appeared.

IHS REGISTRATION EDITOR (page 4)		NOT-A-REAL FACILITY	
=====		=====	
ALLYNGSUN,STEPHEN	(upd:AUG 30, 2006) HRN:100404	CHS & DIRECT	
=====		=====	
MEDICAL COVERAGE			

SEQ	INSURER SUBSCRIBER	COVERAGE TYPE POLICY NUMBER	ELIG BEGIN - ELIG END

1.	D-NEW DRUG RX ALLYNGSUN,STEPHEN	383838382	08/30/2006 A
2.	MEDICARE ALLYNGSUN,STEPHEN	383838382A	01/01/2005 A
3.	BLUE CROSS/BLUE SHIELD O ALLYNGSUN,STEPHEN	219630271	01/01/1983 A

Enter S(equence), A(dd) insurer, E(dit) insurer, T(oggle seq category) V(iew) Historical Sequence Dates L(ist inactive eligibilities):			

Figure 2-15: Sample of screen as it formerly appeared

The page will now provide display as SUMMARY COVERAGE and will only display active insurers.

```

IHS REGISTRATION EDITOR (page 4)                NOT-A-REAL FACILITY
=====
ALLYNGSUN,STEPHEN          (upd:AUG 30, 2006) HRN:100404          CHS & DIRECT
=====
                        SUMMARY COVERAGE
=====
SEQ    INSURER                COVERAGE TYPE      ELIG BEGIN - ELIG END
      SUBSCRIBER              POLICY NUMBER
=====
1. D-NEW DRUG RX                08/30/2006                A
   ALLYNGSUN,STEPHEN           383838382
2. MEDICARE                    01/01/2005                A
   ALLYNGSUN,STEPHEN           383838382A
3. BLUE CROSS/BLUE SHIELD O    01/01/1983                A
   ALLYNGSUN,STEPHEN           219630271
=====
Enter S(equence), A(dd) insurer, E(dit) insurer, T(oggle seq category)
V(iew) Historical Sequence Dates  L(ist inactive eligibilities):
    
```

Figure 2-16: Sample of new Summary Coverage screen

2.6 Sequencing

When using either *S(equence)*, or *T(oggle)* on page four of Patient Registration the user may now return to the Summary Coverage without actually Sequencing/Toggling a selection. This can be done by selecting **S** for sequence, as shown in the following screenshot.

```

=====
                                SUMMARY COVERAGE
=====
SEQ      INSURER                COVERAGE TYPE          ELIG BEGIN - ELIG END
SUBSCRIBER                POLICY NUMBER
=====
1.      D-NEW DRUG RX              08/30/2006            A
        ALLYNGSUN,STEPHEN      383838382
2.      MEDICARE                  01/01/2005            A
        ALLYNGSUN,STEPHEN      383838382A
3.      BLUE CROSS/BLUE SHIELD O  01/01/1983            A
        ALLYNGSUN,STEPHEN      219630271
=====
Enter S(sequence), A(dd) insurer, E(dit) insurer, T(oggle seq category)
V(iew) Historical Sequence Dates L(ist inactive eligibilities): S

    Select one of the following:

        M      MEDICAL COVERAGE
        D      DENTAL COVERAGE
        O      OPTOMETRY COVERAGE
        R      PHARMACY COVERAGE
        P      MENTAL HEALTH COVERAGE
        T      THIRD PARTY LIABILITY COVERAGE
        W      WORKMAN'S COMP COVERAGE
        U      SUMMARY PAGE
Enter response:

```

Figure 2-17: Sample of screen used in selecting the option to sequence

If no sequencing is required or if the user wishes to exit out of the Sequence Page, they may select **U** – Summary Page to return to the Summary Coverage Page without being forced to sequence.

2.7 Page Four Historical Dates

Modification was made to allow the user to view historical sequencing dates and insurers. The user may begin viewing historical sequencing dates by selecting **V** - View Historical Sequence Dates, and selecting the coverage type.

```

=====
MOUSE, MARY                (upd: SEP 01, 2006) HRN: 4545   DIRECT ONLY
=====
                                SUMMARY COVERAGE
-----
SEQ  INSURER                COVERAGE TYPE      ELIG BEGIN - ELIG END
     SUBSCRIBER             POLICY NUMBER
-----
1.   D-NEW DRUG RX          454546451          01/01/2006          A
     MOUSE, MARY
2.   BC/BS PLAN OF NEVADA   3820948320         01/01/2006          A
     MOUSE, MARY
3.   MEDICARE              A                   01/01/2004          A
     MOUSE, MARY           454546451A
     MEDICARE              B                   01/01/2004          A
     MOUSE, MARY           454546451A
-----
Enter S(equence), A(dd) insurer, E(dit) insurer, T(oggle seq category)
V(iew) Historical Sequence Dates  L(ist inactive eligibilities):  V

Select one of the following:

M      MEDICAL COVERAGE
D      DENTAL COVERAGE
O      OPTOMETRY COVERAGE
R      PHARMACY COVERAGE
P      MENTAL HEALTH COVERAGE
T      THIRD PARTY LIABILITY COVERAGE
W      WORKMAN'S COMP COVERAGE
S      SUMMARY PAGE

Enter response:  MEDICAL COVERAGE

PRIOR SEQUENCING DATES:

1.  JUL 3, 2006

           INSURER                COVERAGE      PRIORITY
           =====                =====      =====
           D-NEW DRUG RX          D              1
           BC/BS PLAN OF NEVADA   B              2
           MEDICARE              B              3

Enter a number (1-1):
    
```

Figure 2-18: Sample of historical sequencing dates and insurers

The order of Sequence that was entered by a prior user will be displayed.

If the was incorrect, the user can go in and reverse the order of billing to display the correct order of billing and a new date.

The user can access reverse sequencing by entering **V**-View History. The coverage types will display. After a coverage type is selected, a list of dates will display from which the user may select. If there was more than one sequence date for a specific coverage type, the user may see those dates displayed. Once it has been determined which date or priority is incorrect, the user may reverse the sequence by entering **R** for Reverse. See the following example.

```

PRIOR SEQUENCING DATES:

1.  JUL 3,2006

           INSURER                COVERAGE    PRIORITY
           =====                =====    =====
           D-NEW DRUG RX            D            1
           BC/BS PLAN OF NEVADA    B            2
           MEDICARE                 B            3

Enter a number (1-1): 1

      Select one of the following:

           V            VIEW
           R            REVERSE

Enter response: REVERSE

You have selected:

      SEQ DATE: JUL 3,2006

Are you sure you want to reverse? YES

```

Figure 2-19: Example of reversing a sequence

After the Sequence date has been reversed the user will be taken back to the Summary Coverage page to enter a new sequence date and order of billing.

2.8 View Inactive Insurers

The Summary Coverage will no longer display insurers that have terminated. The Summary Coverage page will now only display Active Insurers.

Inactive Insurers can be viewed through the new option titled *L(List inactive eligibilities)* on page four of Patient Registration, as shown in the following example.

```

IHS REGISTRATION EDITOR (page 4)          NOT-A-REAL FACILITY
=====
BALLCOURT,THEODORE J          (upd:SEP 07, 2006) HRN:109280 CHS & DIRECT
=====
                                SUMMARY COVERAGE
-----
SEQ      INSURER                COVERAGE TYPE          ELIG BEGIN - ELIG END
      SUBSCRIBER                POLICY NUMBER
-----
1.  AETNA HEALTHCARE PROGRAM          01/01/2005          A
      BALLCOURT,THEODORE J          2374789732
-----
Enter S(equence), A(dd) insurer, E(dit) insurer, T(oggle seq category)
V(iew) Historical Sequence Dates  L(list inactive eligibilities):  L

```

Figure 2-20: Sample of List inactive eligibilities option

All insurers that have been terminated will display. The user can select an insurer to view, or edit if required, or return to the list of active eligibilities.

```

IHS REGISTRATION EDITOR (page 4)          NOT-A-REAL FACILITY
=====
BALLCUORT,THEODORE J          (upd:SEP 07, 2006) HRN:109280 CHS & DIRECT
=====
                                SUMMARY COVERAGE
-----
SEQ      INSURER                COVERAGE TYPE          ELIG BEGIN - ELIG END
      SUBSCRIBER                POLICY NUMBER
-----
1.  DELTA DENTAL PLAN OF ILL          01/01/2001  12/31/2004I
      BALLCUORT,THEODORE J          473897489
2.  BC/BS PLAN OF NEVADA              01/01/2001  12/31/2004I
      BALLCUORT,THEODORE J          480923809423
-----
Enter S(equence), A(dd) insurer, E(dit) insurer, T(oggle seq category)
V(iew) Historical Sequence Dates  L(list active eligibilities):

```

Figure 2-21: Sample of Registration Editor screen displaying terminated insurers

Options are available for Editing, Viewing Historical Dates, and Toggle (to a different category), if needed. The user may return to the Summary Coverage screen by entering **L** (list active eligibilities) if no further action is required.

2.9 Private Insurance Eligibility Report

A change has been made to the Reports option for Private Insurance that has removed the *Start with Patient Name* and *End with Patient Name* options. See the following example.

```

START WITH WHAT PATIENT NAME?
Select PATIENT NAME: DEMO,JOHN

END WITH WHAT PATIENT NAME?
Select PATIENT NAME: DEMO,PATIENT,JR
                    M 06-03-2003 577999102   IHH 2
DEVICE: HOME//

```

Figure 2-22: Sample of Start with Patient Name and End with Patient name options

Patch 2 has a modification that will print all Patients who have Private Insurance that is current and terminated, it also allow users to select from:

- Beneficiary
- Active Patients Only
- Deceased and Inactive Patients Only

Once in the Reports Menu of Patient Registration, the user may select **PVT**, and make a selection from the display, as shown in the following menu sample.

```

                Print List of Private Insurance Enrollees
Select one of the following:
    B          ALL BENEFICIARIES
    A          ACTIVE PATIENTS ONLY
    D          DECEASED AND INACTIVE PATIENTS ONLY
SELECT DESIRED ACCOUNTS: ACTIVE PATIENTS ONLY
DEVICE: HOME//

```

Figure 2-23: Sample of options to list private insurance enrollees

The report will display the insurance name, relationship to the insured, and eligibility dates. It will also list all current enrollees and terminated enrollees, as seen in the following example.

```

REPORT CONTAINS ALL BENEFICIARIES

COMPANY                POLICY NUMBER
NAME OF INSURED        RELATIONSHIP        FROM        TO
COVERAGE

                CHART    SITE
=====
BUNFORD, RUSSELL
  BC/BS PLAN OF NEVADA
  BUNFORD, RUSSELL                SELF        JAN 01, 2006

                103370    NOT-A-REAL FACILITY
-----
Enter RETURN to continue or '^' to exit:
    
```

Figure 2-24: Sample of private insurance enrollees report

At the end of the report, the system will display all insurers with an unduplicated count of patients listed under each insurer, and a total count of patients with private insurance. See the following example.

```

C.L.A. HEALTH & WELFARE FUND.....          9
CASCADE HEALTH CARE INC.....              1
FARMERS INS GRP.....                      1
JOHN HANCOCK MUTUAL.....                  3
KAISER PERMANENTE.....                    1
PHYSICIANS MUTUAL.....                    1
PIONEER LIFE.....                         5
SAFECO INS CO GRP.....                    1
VISION SERVICE PLAN OF ARIZONA....        1
WESTERN EMPLOYERS INS CO.....             1
WILD RICE ELECTRIC.....                   20
WOODMEN ACCIDENT & LIFE.....                1

                =====
                45
    
```

Figure 2-25: Sample of screen displaying total number of patients with private insurance

2.10 Marital Status

When adding a new patient into RPMS, the user will be asked for the Marital Status of the patient. The user will not be allowed to bypass this function. Please see the following example.

```

INDIAN BLOOD QUANTUM: F

TRIBE QUANTUM: F

Select OTHER TRIBE:

Enter PRESENT COMMUNITY:  ALBUQUERQUE  BERNALILLO  NEW MEXICO  082  3501082

When did the patient move to this community?  ( "B" = "at BIRTH" )
  DATE: B

ELIGIBILITY STATUS: D  DIRECT ONLY
>>This option asks all questions one after the other with no escaping<<

SOCIAL SECURITY NUMBER:

***** SSN MISSING *****
The SSN is Required, Please indicate the Reason for Non-collection.
  (If the SSN is known, press RETURN to enter it)

Select one of the following:

      1          Not Available
      2          Patient Refused
      3          Patient will Submit

REASON for No SSN: 3  Patient will Submit
MARITAL STATUS: ??
  Select from the available listing this applicant's current
  marital status.

Choose from:
DIVORCED
MARRIED
NEVER MARRIED
SEPARATED
SINGLE
UNKNOWN
WIDOW/WIDOWER

MARITAL STATUS:

```

Figure 2-26: Sample of screens used to enter marital status of a new patient

2.11 Add a New Patient

When adding a new patient, users will be forced to scan the database for possible duplicate patient names and numbers. Once the system has scanned the database, if there are no similar names, the system will allow the user to add the patient.

In the example below, the double question marks (??) indicate there were no similar names found. The name of the new patient should be typed using the full name, with no spaces after the commas between names, as shown in the following example.

```

You must first SCAN FOR SIMILAR NAMES or CHART NUMBERS NOW...
Select PATIENT NAME: NATIONS, BEVERLY
  ??
Select PATIENT NAME:
Enter the NEW PATIENT'S FULL NAME.....

Entering NEW Patient for NOT-A-REAL FACILITY

Enter the PATIENT'S NAME:   MORGAN, JAMES PAUL, JR

```

Figure 2-27: Sample of screens used to add a new patient

The user should also scan the database using the patient's Social Security number and Date of Birth to assure that the patient is not listed in the database under a different name, but with the same Date of Birth or Social Security Number.

```

You must first SCAN FOR SIMILAR NAMES or CHART NUMBERS NOW...
Select PATIENT NAME: 11/24/1986          DOB can also be entered 11241986
  1  2861124      TRUCK, FRANK      M 11-24-1986          WE 108139
                                     NW 108140
  2  2861124      SHERMAN, HAZEL   F 11-24-1986 691915186   WE 109124

```

Figure 2-28: Sample of scanning for similar names

2.12 Internet Access Question

A new option was added to request Internet Access information from patients and the place they access the internet. As part of the Director's performance review, IHS has been asked to increase Internet use and access in regard to health information contained on various health websites located on the World Wide Web (www).

When adding a new patient a new prompt will display, CAN YOU ACCESS THE INTERNET? Yes or No, the user can bypass the answer but will display a warning while in edit mode, although this has been set as a Warning, users are strongly encouraged to request this information due to the directives received from Headquarters. See the following example.

MARITAL STATUS:SINGLE

PLACE OF BIRTH [CITY]:OTHER

PLACE OF BIRTH [STATE]: NM NEW MEXICO

CAN YOU ACCESS THE INTERNET?: YES

CAN YOU ACCESS THE INTERNET?: YES YES

ACCESS THE INETRNET FROM:

Choose from:

H HOME

W WORK

S SCHOOL

HC HEALTH CAREFACILITY

L LIBRARY

T TRIBAL/COMMUNITY CENTER

ACCESS THE INETRNET FROM: **SELECT LOCATION OF ACCESS**

Figure 2-29: Sample of screens used for the Internet access question

Any patient that has been registered into RPMS prior to this release can be updated from *Patient Registration Edit*. See the following example.

```

16.PHONE NUMBER [RESIDENCE]:                17.WORK PHONE :
18.          OTHER PHONE:
19.          INTERNET ACCESS: YES  WHERE :      (upd OCT 12,2006)
-----
=====
CHANGE which item? (1-19)NONE//: SELECT 19

CAN YOU ACCESS THEINTERNET?: YES//
ACCESS THE INETRNET FROM:
  Choosefrom:
    H      HOME
    W      WORK
    S      SCHOOL
    HC     HEALTH CAREFACILITY
    L      LIBRARY
    T      TRIBAL/COMMUNITY CENTER
ACCESS THE INETRNET FROM:  SELECT SITE OF ACCES

```

Figure 2-30: Sample of screens used to update a patient already registered into RPMS

2.13 Application Programmer Interface (API)

Patch 2 will now include an interface with the Women's Health and Patient Information Management System (PIMS) packages. The intent is to use specific fields within Patient Registration that will interface with the packages, those fields are:

- .111 STREET ADDRESS [LINE 1]
- .114 CITY
- .115 STATE
- .116 ZIP CODE
- .131 PHONE NUMBER [RESIDENCE]
- .132 PHONE NUMBER [WORK]
- .1219 TEMPORARY PHONE NUMBER
- .36 PATIENT'S INCOME

Note: If a user entered information from one of the interfaced packages, the "last edited by" information will display within Patient Registration, but will not print on the Patient Face sheet.

2.14 Guarantor Page for Non-Indian Spouse

Patch 2 was enhanced to eliminate the Guarantor page from displaying if a Patient has been classified as Non-Indian Spouse within the Beneficiary Classification option when adding a new patient. There is a new field within Beneficiary Classification for Non-Indian Spouse (44); user can enter 44 or enter Non-Indian Spouse to prevent the Guarantor page from displaying.

When adding a new Non-Indian Spouse to Patient Registration users would follow the same process they used for adding a new Patient. When the prompted to Select BENEFICIARY NAME:, the user would select Non-Indian Spouse or 44; for Tribe of Membership select Non Indian Beneficiary (000).

```

Enter the CHART NUMBER: 4654

***** SSN MISSING *****
The SSN is Required, Please indicate the Reason for Non-collection.
      (If the SSN is known, press RETURN to enter it)

Select one of the following:

      1      Not Available
      2      Patient Refused
      3      Patient will Submit

REASON for No SSN:

Select BENEFICIARY NAME: INDIAN/ALASKA NATIVE// NON
      1  NON-INDIAN CHARGED TO FFS           33
      2  NON-INDIAN ELECTIVE                 18
      3  NON-INDIAN SPOUSE                   44
CHOOSE 1-3:  44

TRIBE OF MEMBERSHIP : 000  NON-INDIAN BENEFICIARY  000

```

Figure 2-31: Sample of adding a new Non-Indian spouse

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.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm>

Email: ITSCHelp@mail.ihs.gov