



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Patient Registration (AG)

Patch 4 Addendum

Version 7.1 Patch 4
March 2009

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

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 4

New functionality will be integrated into the existing architecture of the existing AG functionality. The addition of fields to the database, changes to the display of the Social Security Number and associated reports as well as the addition of a new report will be implemented. This Patch will also include modifications to Patient Registration Version 7.1.

2.1 Summary of Change

2.1.1 Patch 4

Patch 4 provides corrections and enhancements to version 7.1 of the Patient Registration application. Patch 4 contains modifications to the following:

From Patch 1

- <SUBSCRIPT>DISPCAT+33^AGED4A
Insurer pointer missing in the CATEGORY PRIORITIZING file caused this error. If this happens "UNDEFINED" will be printed.
- <UNDEFINED>GETAW+11^AGED7B
Error occurred on Private insurance Page B when CO-PAY/DED RATES sub-file was not populated in the COVERAGE TYPE file.
- <UNDEFINED>START+3^AGFACE
Occurred when outside package called AGFACE without DFN defined.
- <UNDEFINED>FINDWC^+17^AGINS
Occurred when employer entry in the EMPLOYER file was not defined anymore. This happened when the Employer Merge option was used which deletes entries in the Employer file.
- <SUBSCRIPT>FINDPH+1^AGPHADDR
Occasionally private insurance entries are encountered which do not have the policy holder field populated. This could be because of closing windows inappropriately. After release of 7.1 these records could not be edited. This patch will allow editing but will ask for a policy holder first.
- <SYNTAX>GUARDIS+10^AGED4A1
The guarantor display was incorrectly using the wrong ptr to access the Guarantor record. This has been corrected.

- Fix for <UNDEFINED>GETAW+11^AGED7B error when the COPAY/DEDUCT fields were blank on the Private Insurance benefits page.
- "Last edited by" field not showing correct editor after sequencing insurers. Reason: The lookup was confused because the user IEN was also the same as the last four digits of the SSN of another user. This can also happen on other lookup fields as well. The lookup was limited to the IEN alone.
- Insurer information on the private insurer page was showing erroneous errors for insurers not belonging to the patient being viewed. The reason for this was the error messages for the page were not being cleared out and updated properly.
- ROI dates not seen after installing 7.1. The ROI field was moved from .04 to a multiple 3601 and the conversion was never executed. The field conversion is included in this patch and will be executed during the post install process.
- The state missing in the Medicaid file caused an error in the "AA" cross reference. The state field was missing because the user would "close" their window instead of entering a state. Some users are closing their window whenever they encounter a required field and don't know what to enter. This practice results in incomplete patient records and is strongly discouraged. The cross reference has been modified. The edit screens have also been modified to allow editing of the missing state field if it's encountered on the Medicaid page.
- The "GENERATE transactions file" within the Patient Registration export menu would fail when corrupted data was encountered in the insurance eligibility files. This should fix bad data records before the export processes the patient information.
- The Errors 4 (MSP missing) and 5 (MSP past 90 days) were displayed when patient did not in fact have any active Medicare eligibility. This has been modified to not display if patient has no active Medicare entries.
- In 7.1 the Medicaid Name was forced to be in the format of RPMS but this was found not to be the format that Medicaid necessarily followed.
- The policy holder field on the private insurance page was forced to be in an RPMS name format. The sites reported that the name on the card was not necessarily the same as what was in RPMS. The input transform has been removed and they would like a place to enter the "card name". A field was added to the Policy holder file and the "CARD NAME" field is editable on the private insurance page.

- On page 9 the OTHER LEGAL DOCUMENTS field was incorrectly displaying legal documents from other patients as well as the current patient. A modification has been included to correct this.
- The Potential Duplicate Patient Report would "hang" when choosing a slave printer. This has been corrected.
- User was not allowed to close the last Benefit coordinator case. This restriction has been removed.
- The summary page was displaying two Medicaid entries when there was no eligibility date entered for the record. The display now only displays a single entry for each record.
- Even though the appropriate fields in the INSURER file were set so a Medicaid Rate or coverage type was not required, the system still required the fields when the user used the "ADD" an insurer option on Page 4.
- If the user prints previous export error report was the first option chosen from the _AGX Registration data- prepare for export menu and the user chose to Q the report, the option would error because the AGTXSITE variable wasn't defined. This has been corrected.
- Inclusion of new Medicare page that complies with the Medicare Part D requirement of collection pharmacy eligibility data.
- Correction to insurance sequencing on Page 4 of the Registration Editor to: Correct the auto-population of the insurer pointer variable with incorrect values when no data is present.
- Require Card Copy Date to be entered when answering YES to the Card Copy on file prompt for Medicare, Medicaid, Railroad Retirement, and Private Insurance.
- Correction to Private Insurance page to display benefit data (Page 4b) when the coverage type is entered rather than immediately displaying the Insurance Summary page in the Registration Editor.
- Correction to Medicaid Eligible page that checks the correct Medicaid insurer when checking for a missing coverage type entry.
- Correction to Private Insurance Eligible page to prevent the entry of SELF more than once.
- Allow for DATE OF INACTIVATION to be entered by the user when choosing to inactivate a Patients file.
- Correction to the Policy Holder file to correctly remove (delete) the entry when deleting the member name from the Private Insurance Eligibility screens in the Registration Editor.

- Correction to the Add/Edit Policy Holder Data option (EPOL) to enable the user to correctly enter Private Insurance Eligible data.
- Modification to Assignment of Benefits and Release of Information error (Error #3 and #14) to change from an Error status to a Warning status.
- Allow ability to view closed Benefit Coordinator cases by adding a View option on Page 5 of the Registration Editor.
- Correction to Page 4 of the Registration Editor to display the correct name entry of the last updating user.
- Correction to Medicare, Railroad Retirement pages to prevent a minor from being entered as a Policy Holder.
- Correct known corrupted data in Eligibility Files, Patient Files, and Insurer Files.

From Patch 2:

- The Medicare Part D ID number was not printing on the Face Sheet.
- User was not able to add another insurer entry from the summary page if the patient already had an entry with that same insurer.
- Medicaid entries would show "UNDEFINED" on page 4 if the Plan Name field was not populated. This was changed so that if the plan name is not populated and the insurer is Medicaid then MEDICAID will display on page 4.
- The post install sends a message out concerning unpopulated STATE fields in the Medicaid Eligible file. The message directs the reader to report the findings to the OIT. This has been changed to direct the user to their Patient Registration supervisor.
- The header on the field audit report would print the entire zero record of the INSTITUTION file for the facility the user was logged into. It now prints only the NAME field.
- Prior to Patch 1, the user was able to enter a termination date for the policy holder which would update the policy members with the termination date. It appears that this went away and would need to be restored to allow the term date to be automatically populated. This was restored in Patch 2.
- The system would get stuck on page 4 if the patient had no insurers and sequencing was set to "required" in the registration parameter file.
- The patient export would get an undefined if the zero node of the VA PATIENT file was missing.

- After entering SAME for policy holder when adding a private insurer, the prompt for the policy holder DOB would show 1709. This has been fixed. Also related to this are the missing state field and an improper SEX field for the policy holder.
- Medicare entries were not displaying correctly on the summary page. Medicare Part A and B should be displayed as one entry. Each Part D Medicare entry should display as a separate entry.
- The entire contents of NOTES fields could not be seen when in VIEW mode in the Benefit Coordinator module. These can now be chosen and the entire contents viewed.
- It was reported that after downloading a CMS file Medicare Part D entries had been deleted. This should not occur.
- It was found that some sites were able to change a Part A or B coverage type to Part D for existing Medicare or Railroad entries. This is not allowed.
- Added functionality in patch 1 did not allow a minor to be added as a policy holder if the insurer was Medicare or Railroad Retirement. This has been removed and the user is merely warned that they are adding a minor.
- The Face sheet was displaying the wrong field for Policy member number from the private insurance file.
- Sites reported that after sequencing insurers at some future date they could not see sequences that were not in the future. This was changed so the sequence date shown is the either today's sequence or those in the past.
- An error was reported during the download of the SSN file. It was found that the same HRN was assigned to two different patients in the same facility. The code could not handle this correctly. This modification currently bypasses this double assignment.
- A duplicate member could be added to a Private insurance policy. This is not allowed.
- Found during development. When adding a non ben patient the Indian quantum checks would be applied even though the patient is a non ben. This was changed so quantum checks are not performed on non ben patients.
- Sequencing would fail if the ID Number in the Medicare Part D section of the Medicare Eligible file was not at least three characters in length.

- When adding a private insurer the system would present two listings if the input was ambiguous even though the user had already chosen one. The user should only have to choose once.
- When encountering a Medicaid insurance record with an unpopulated state field the system will allow the user to enter a state. After entering a state it was reported that the "Last edited by" did not show the user who did actually update the state field. This is corrected.
- <UNDEFINED>AGFACE4+10^AGFACE4 the Face Sheet would error out when a DOB was undefined for Medicare entries.
- <SUBSCRIPT>PATCH+4^AGED4
This error is the result of the COVERAGE TYPE field in the MEDICARE ELIGIBILITY file being unpopulated. An attempt to use the field was made during an attempt to set the NPIRS update "trigger" ^AGPATCH(
- When editing the primary member on the private insurance page by choosing an item in the member area at the bottom of the screen and then entering a termination date the date was not updated in the policy holder file, item 4 on the same page. Also other members were not terminated as well. This has been changed so terminating the primary member will terminate all members as well as the policy.
- The 65 and over report included all patients whether inactive or active. The user can now select whether they wish the report to exclude/include inactive patients. This report is also alphabetized.
- A dangling "C" cross reference encountered when building the private insurance policy member section on page 4. The policy member would display but because there was no record in the private insurance file the member could not be edited. When this dangling cross reference is encountered it is deleted since it has no record associated with it.
- The VET VETERANS report was incorrectly including non Veteran's in the report when the Veterans Y/N field was set to "N". This has been corrected.

NEW FIELDS PATCH 2

REGISTRATION PARAMETERS file

501 Prints ethnicity on Face Sheet

502 Show ethnicity on page 2

- API for Patient Registration to include requests for PIMS, Immunization and Women's Health.
- Additional fields to accommodate the Patient Education modules. (Internet questions)

- Addition of two reports to support the Third Party Revenue Internal Controls policy. The two reports will be named: Benefits Coordinator Productivity Report, and 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 3rd Party Resources report to include Medicare Part D statistical counts.
- Modification of Page 4 to include a display of a Summary Page.
- Modification of Page 4 to include ability to undo a sequence function and to view historical sequence dates.
- Modification of the Private Insurance Eligibility report to not ask for Beginning and ending names.
- Modification in the New Patient entry process to ask the question of Marital Status when registering 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.

NOTE: THIS MEANS THAT IF THE CLASSIFICATION FOR A NEW PATIENT IS "NON-INDIAN SPOUSE" THE GUARANTOR PAGE WILL NOT DISPLAY NOR WILL THE FIELDS ON THIS PAGE BE REQUIRED.

From patch 3:

- Ambiguous policy holder issue. The user was not being allowed to enter a non-registered policy holder when the policy holder name was a sub string of the patient's name.
- MSP warning not showing up for Railroad Eligibility with past due MSP
- Issue concerning an erroneous ERROR #10 showing up for a private insurance policy number the user is not currently editing. This would occur in the following scenario:
 1. Patient has two active private insurance policies
 2. One of those insurance policies would have an incomplete address for the policy holder

3. The policy with the complete PH address is then terminated by entering an "Expiration date"

This would lead to any number of erroneous errors or warnings depending on the situation. The Error list was simply not being updated because the insurer list (active/inactive) was not being updated.

- Issue with the VIEW option: Patch 2 changed the listing of insurers on page 4 and split the listing of 'inactive' and 'active' eligibilities into two separate displays. This inadvertently changed the VIEW option so only 'active' eligibilities could be seen. This has been corrected.
- Issue with old code assuming there were consecutively numbered records in the Railroad and Medicare Eligible files as well as a code dependency on the 4th piece of the sub-file node. This was corrected.
- A message has been added when running the ERP. The message will display to the user the ratio between records in the patient file and the number of records skipped.
- When adding a Private Insurer eligibility to a patient on page 4. The issue would not enter policy holder information but it did create an "empty" private insurer record which would display in the "inactive list". The problem occurred when the system attempted to add the insurer pointer to the policy holder file. It did not pass the input transform. This was fixed by modifying the call to FileMan to add the data properly.
- The RACE file had different entries as well as different Data Dictionaries than what was on file at OIT. Also the Race entry they chose (RACE field on page 2 of the Edit screens) would not be accepted by the system and a message THIS ENTRY IS INACTIVE! TRY ANOTHER would be displayed. The reason for this was the Data Dictionary for the RACE file was missing the INACTIVE filed which the system used to determine if the entry could be selected.

From patch 4:

- <UNDEFINED>L6+2^AGDICLK
Another example of old code assuming that the records in a multiple will be contiguous. This particular one has been fixed.
- MSP warning missing on patient registration first page entry. A change made in patch 3 inadvertently disabled the warning on page 0. This has been corrected.
- When choosing a Tribe on page 2 of the edit screens displayed "<< INVALID old TRIBE >>" error when entering valid tribes. The code was checking the #.04 "OLD TRIBE NAME (UNUSED)" field

of the TRIBE file and was assuming if the field was null the TRIBE was inactive. This has been corrected.

- Medicare Part D count was not being included in the Total count on the AGSM summary of 3rd Party Resources report. This has been corrected.
- Occasional error in FACE SHEET as header line was not defined.
- It was found that the DAI REGISTRATION DAILY ACTIVITY REPORTS (choice 1 & 2) were not printing the date range chosen by the user. This has been remedied.
- It was reported that option ADD ADDRESS LABELS- List and Print was not printing the suffix of the patient's name. This has been corrected.
- It was reported that several headings in the Blood Quantum Report under Print Blood Quantum by Age Categories were not correct. This has been remedied.
- It was reported that the "Max Dollar" amount was printing twice on the Prior Authorization page for Inpatient Auth Types. It was also reported that an item/field '9' never displayed on this page. Both issues have been corrected.
- It was found that the "MIS SS MISMATCH REPORT" could result in a, <WRITE>S^DIR error because the device file had not been closed before the option went back to the user interactive mode. This has been corrected.
- It was discovered that the user could enter a lower case letter in the "MIS SS MISMATCH REPORT" and this caused an error. Also the user could enter a code that wasn't listed and this would also cause an error. These two issues have been resolved.
- Item 5 never should up on the Prior Authorizations page in the Benefit Coordinator Module. This has been resolved.
- <UNDEFINED>GETPRVT+8^AGAPIS1 code was attempting to kill the wrong Page 8.
- The user now has the ability to edit the document number on Page 7 when noting proof of a legal name change.
- A new report was added: MM- Print List of Medicare/Medicaid Enrollees.
- It was discovered that dates of birth were missing in option two of the DAI report. This has been fixed.
- It was discovered that Social Security numbers were missing in option four of the DAI report. This has been fixed.

- The application now auto populates the Medicare Secondary Payer information (date obtained, status, and reason) into the Medicare section of Page 4 when a MSP questionnaire is completed online.

New Fields for Patch 4

REGISTRATION PARAMETER file # 9009061
#601 HX ADDRESS DISPLAY LIMIT
#602 Print HX ADDRESS INFO

New SECURITY KEY

AGZVIEWSSN

New OPTION

BCPC Benefits Coordinator Productivity by Coordinator
[AG BEN COORD PROD BY COORD]

Change in Page one of the edit screen

- ZIP CODE has moved up to the same line as CITY, STATE
- Item 20 was added and located at the bottom of the screen.
- OTHER PHONE was added to page 1 where a user may add another phone number for the patient.
- If any of the information in items 9-14 or in item 16 is edited, *you will be asked if the new address needs to be added to the*. If you say “Yes” it will be stored as part of the Patient’s historical mail addresses.

NOTE: During the installation of this patch, patients' current addresses will also be stored as the first entry in the historical address field.

2.2 Benefit Coordination Report

A new report was added to the Registration Reports option, the “Benefit Coordinator Productivity Report” (BCPC). The report was designed to capture productivity by coordinator and track case loads.

The Benefits Coordinator Productivity by Coordinator Report beginning prompts is designed to set up specific criteria requested by the user. The default to these prompts is set to a Yes response.

```
PATIENT REGISTRATION
NOT-A-REAL FACILITY

Benefits Coordinator Productivity by Coordinator

*** 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 ***

DO YOU WISH TO ENTER A DATE RANGE? YES//

DO YOU WISH TO INCLUDE A PARTICULAR BENEFIT COORDINATOR? YES//

DO YOU WISH TO INCLUDE A PARTICULAR APPLICATION TYPE? YES//

DO YOU WISH TO INCLUDE A PARTICULAR STATUS? YES//
```

By answering Yes to any of these prompts a series of additional prompts will need to be completed by the user in order to process the information being requested. The application type and status prompts contain a list to choose from.

```
DO YOU WISH TO ENTER A DATE RANGE? YES//
SELECT BEGINNING DATE RANGE: T-66 (AUG 06, 2007)
SELECT ENDING DATE RANGE: T (OCT 11, 2007)

DO YOU WISH TO INCLUDE A PARTICULAR BENEFIT COORDINATOR? YES//
SELECT BENEFIT COORDINATOR: USER, ONE
SELECT ANOTHER BENEFIT COORDINATOR:

DO YOU WISH TO INCLUDE A PARTICULAR APPLICATION TYPE? YES//
SELECT AN APPLICATION TYPE: ??

    Choose from:
    AHCCCS
    MEDICARE
    SSI
    TB MEDICARE

SELECT AN APPLICATION TYPE: MEDICARE
SELECT ANOTHER APPLICATION TYPE:

DO YOU WISH TO INCLUDE A PARTICULAR STATUS? ? YES//

    Select one of the following:

        P          PENDING
        A          APPROVED
        D          DENIED
        R          RE-SUBMITTED
        RE         REFUSED
        F          FOLLOW UP NEEDED
        E          ENTERED IN ERROR

ENTER AN APPLICATION STATUS? : PENDING
```

The Benefit Coordinator Productivity Report (BCPC) will collect reports based on the information from the BENEFITS COORDINATION – CASE DATA page under the APPLICATION data of the Patient Registration Editor.

```

                                BENEFITS COORDINATION - CASE DATA
-CASE INFORMATION-----
1. Case Date: OCT 05, 2007 by: SL
2. Case Number: 100121
3. Case Type: CONTRACT
4. Case Worker: XXXXX,XXXX
5. Case Reason: MEDICAID ELIGIBLE
6. Completed By:
7. Assigned to: xxxxxxxx,xxxxxx
8. Notes:
=====
-APPLICATION-----
DATE APPLICATION OBTAINED   TYPE           PERSON RECEIVING           STATUS
-----
9.OCT 05, 2007              AHCCCS        XXXXX,XXXXX               PENDING
10.SEP 05, 2007             SSI           XXXXX,XXXXX               DENIED
=====
SPEND DOWN INFORMATION-----
DATE REF'ED-----FACILITY REF TO-----SPEND DOWN--LAST-ACTION-----DATE REQ'ED-
-----
NO SPEND DOWN INFORMATION ASSOCIATED WITH THIS CASE
-----
Last edited by: xxxxx,xxxxxx on Oct 05, 2007
=====
Change which item (1-10) OR Add <A>pplication OR Add <S>penddown information:
    
```

The Benefit Coordinator Productivity Report (BCPC) will display a list of PATIENT APPLICATIONS received by a benefit coordinator and show its overall status, the application type, the date it was obtained and the chart of the patient. The report is sorted by the person receiving the application (benefit coordinator) then by the date the application was obtained, then by application type, then by the overall status, then by patient chart. The exhibit of the Report Date and Date Range provide good tracking measures. The following example displays the BCPC Report based on the demonstrated criteria.

```

DO YOU WISH TO ENTER A DATE RANGE? YES//
SELECT BEGINNING DATE RANGE: 050107 (MAY 01, 2007)
SELECT ENDING DATE RANGE: T (NOV 02, 2007)
DO YOU WISH TO INCLUDE A PARTICULAR BENEFIT COORDINATOR? YES// NO
DO YOU WISH TO INCLUDE A PARTICULAR APPLICATION TYPE? YES// NO
DO YOU WISH TO INCLUDE A PARTICULAR STATUS? ? YES// NO
DEVICE: HOME// VIRTUAL
Enter RETURN to continue or '^' to exit:
    
```

```

User's, Name                                     Page 1
                NOT-A-REAL FACILITY
        BENEFIT COORDINATOR PRODUCTIVITY REPORT BY COORDINATOR
                UCI: PRD,PRD
                Report Date: NOV 2,2007@09:52:55
                Date range From 5/1/2007 to 11/2/2007

=====
=
REPORT FOR DATES OBTAINED FROM 5/1/2007 TO 11/2/2007
FOR ALL APPLICATION TYPES

provided by Benefit Coordinator, Name
=====

DATE          CHART          APPLICATION TYPE          STATUS
OBTAINED
-----

SEP 5,2007    110669          SSI                       DENIED

Enter RETURN to continue or '^' to exit:

```

```

User's, Name                                     Page 2
                NOT-A-REAL FACILITY
        BENEFIT COORDINATOR PRODUCTIVITY REPORT BY COORDINATOR
                UCI: PRD,PRD
                Report Date: NOV 2,2007@09:52:55
                Date range From 5/1/2007 to 11/2/2007

=====

REPORT FOR DATES OBTAINED FROM 5/1/2007 TO 11/2/2007
FOR ALL APPLICATION TYPES
provided by Benefit Coordinator, Name
=====

DATE          CHART          APPLICATION TYPE          STATUS
OBTAINED
-----

OCT 5,2007    110669          AHCCCS                    PENDING

Enter RETURN to continue or '^' to exit:

```



```
User's, Name                                     Page 3
                                         NOT-A-REAL FACILITY
                                         BENEFIT COORDINATOR PRODUCTIVITY REPORT BY COORDINATOR
                                         UCI: PRD,PRD
                                         Report Date: NOV 2,2007@09:52:55
                                         Date range From 5/1/2007 to 11/2/2007

=====
REPORT FOR DATES OBTAINED FROM 5/1/2007 TO 11/2/2007
FOR ALL APPLICATION TYPES
provided by Benefit Coordinator, Name
=====
DATE           CHART           APPLICATION TYPE           STATUS
OBTAINED
-----
SEP 19,2007   45614           MEDICARE                   APPROVED

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

2.3 Print List of Medicare/Medicaid Enrollees - MM

A new report was added to the Patient Registration Reports Menu that lists all Medicare and/Medicaid enrollees and can be run for three different types of enrollees: all beneficiaries, active patients only, or deceased and inactive patients only.

```

PATIENT REGISTRATION
NOT-A-REAL FACILITY

Print List of Medicare/Medicaid 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: ACTIVE PATIENTS ONLY
DEVICE: HOME//    VIRTUAL

SISNEROS,GINA                                NOT-A-REAL FACILITY                                page 1
REGISTERED PATIENTS - MEDICARE/MEDICAID ACCOUNTS
UCI: PRD
as of OCT 20, 2008@15:50:58

REPORT CONTAINS ACTIVE PATIENTS ONLY
NAME          CHART #      POL. NUMBER
(TYPE)        ELIG DATE    COVERAGE    ELIG END DATE  DATE OF BIRTH
=====
(REG) ANGLOND,ELLEN M          106416                FEB 7,1913
(MCR) ANGLOND,ELLEN M                482071476B1          FEB 07, 1913

(MCR)          MAR 01, 1978          A
(MCR)          MAR 01, 1978          B

(MCD)                482071476
(MCD)          JAN 01, 1991          8          MAY 31, 1991
-----
(REG) ANNU,BEN J              101149                OCT 25,1937
(MCR) MUNRUA,DAVID E          434364312A          OCT 25, 1937
(MCR)          JUL 01, 1986          A
(MCR)          JUL 01, 1986          B

(MCD) WEAVER,ORVILLE A          434364312
(MCD)          DEC 01, 1989          8
-----

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

3.0 Changes on Page One of the Patient Registration Editor

Several changes were made to Page 1 in the Patient Registration Editor to make the information easier to read and edit as well as to capture additional information. The three changes to the appearance of Page 1 were: ZIP CODE was moved to appear on the same line as CITY and STATE, item 18, OTHER PHONE, was added and item 20, EMAIL ADDRESS, was added.

```

Patient's, Name                               (upd:NOV 02, 2007) HRN:110669
=====
1.      ELIGIBILITY STATUS : DIRECT ONLY
2.      DATE OF BIRTH : XX/XX/19XX
3.      PLACE OF BIRTH [CITY] : MOORHEAD      4.ST : MN
5.      SEX : FEMALE
6.      SOCIAL SECURITY NUMBER : XXXXXXXXXX(Verified by SSA)
7.      MARITAL STATUS : SINGLE
8.      CURRENT COMMUNITY : ADA
-----
9.      STREET ADDRESS [LINE 1] : 123 Main ST
10.     STREET ADDRESS [LINE 2] : 123 Main Ave
11.     STREET ADDRESS [LINE 3] : 8910 ACTUALLY NOT HERE
12.      CITY : ADA      13.ST : MN      14. ZIP CODE : 10011
15.     LOCATION OF HOME :
-----
16.     PHONE NUMBER [RESIDENCE] : (XXX)XXX-XXXX      17.WORK PHONE :
18.      OTHER PHONE :
19.      INTERNET ACCESS : Yes      WHERE :HOME      (upd OCT 5,2007)
20.      EMAIL ADDRESS: patientsname@ihs.gov
-----
=====
CHANGE which item? (1-20) NONE//:

```

3.1 New Historical Address and Historical Email Feature

Part of the Certification Commission for Healthcare Information Technology (CCHIT) initiative was to add a new feature to Patient Registration in order to follow patients' address changes and email changes. This data tracking notification will only display on the FACE SHEET.

```

PATIENT REGISTRATION

                                NOT-A-REAL FACILITY

                                Print a FACE SHEET

*** 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: XXXXXX
XXXXXXXX.XXXXXXXXXX                F XX-XX-19XX XXX-XX-2409    WE XXXXXX
DEVICE: HOME//    VIRTUAL

                                *** CONFIDENTIAL PATIENT INFORMATION ***
                                NOT-A-REAL FACILITY
                                AMBULATORY CARE RECORD BRIEF
                                -----

NOV 02, 2007@13:40:12                                Page: 1
=====
PATIENT: Patient's, Name                                CHART #: XXXXXX
=====
COMPUTER FILE EST: JUL 10, 1990(LS)                    LAST EDIT: NOV 02, 2007 (XX)
-----

CLASS: INDIAN/ALASKA NATIVE                                SEX: FEMALE
COMMUNITY: ADA                                            BIRTHDAY: FEB 22,
19XX
COUNTY: NORMAN                                          AGE: XX YRS
CURRENT ADDRESS:
    1234 MAIN ST
    ADA, MINNESOTA 10011
PHONE NUMBERS ---
HOME: 222-222-2222            WORK:
OTHER PHONE:
    RACE: AMERICAN INDIAN OR ALASKA NATIVE
CURRENT EMAIL ADDRESS: JJMARI@IHS.GOV
NUMBER IN HOUSEHOLD: 5            TOTAL HOUSEHOLD INCOME: 45000
-----
NOTICE OF PRIVACY PRACTICES REC'D BY PATIENT : YES    DATE :    July 10, 2001
ACKNOWLEDGEMENT OF RECEIPT OF NPP SIGNED : YES
-----
TRIBE: AKUTAN NATIVE VILLAGE                                INDIAN QUANTUM: 1/32

```

```
*** CONFIDENTIAL PATIENT INFORMATION ***
      NOT-A-REAL FACILITY
      AMBULATORY CARE RECORD BRIEF
      -----
NOV 02, 2007@13:40:12                                     Page: 2
=====
PATIENT:  Patient's, Name                                CHART #:  XXXXXX
=====

BIRTHPLACE: MOORHEAD, MINNESOTA
RELIGION:                                               TRIBE ENROLL #: TN - 8155
-----
FATHER:  XXXXX,XXXXXXX                                BIRTHPLACE:  MN
MOTHER:  XXXXX,XXXXX                                 BIRTHPLACE:  MN
-----
EM CONTACT:XXXXXXXX,XXXXXX(MOTHER)                    EM PHONE: XXX-XXX-XXXX
EM ADDRESS: 123 Main Street
             Norman, Minnesota 01101
-----
*** THIRD PARTY ELIGIBILITY ***

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

```

*** CONFIDENTIAL PATIENT INFORMATION ***
      NOT-A-REAL FACILITY
      AMBULATORY CARE RECORD BRIEF
-----
NOV 02, 2007@13:40:12                                     Page: 3
=====
PATIENT:  Patient's, Name                                CHART #:  XXXXXX
=====
-----
PRIVATE INSURANCE:
INS. COMPANY                NUMBER                ELIG. DATE    ELIG. END DATE
BLUE CROSS/BLUE SHIELD OF MN        OCT 05, 2007
-----
*** ELIGIBILITY FOR CARE: DIRECT ONLY ***
=====
HISTORICAL ADDRESS(S):
    RT 3 BOX ABC
    123 ELMHURST STREET
    8910 ACTUALLY NOT HERE
    ADA, MINNESOTA 10011
    121-11-1111
    RT 3 BOX ABC
    123 ELMHURST STREET
    8910 ACTUALLY NOT HERE
    ADA, MINNESOTA 10011
    121-11-1111
    123 MAIN ST
    123 MAIN AVE
    321 ACUTALLY NOT HERE
    ADA, MINNESOTA 10011
    (121) 111-1111
    123 MAIN ST
    123 MAIN AVE
    321 ACUTALLY NOT HERE
    ADA, MINNESOTA 10011
    121-111-1111
    1234 MAIN ST
    1234 MAIN AVE
    4321 ACTUALLY NOT HERE
    ADA, MINNESOTA 10011
    222-222-2222
=====
HISTORICAL EMAIL ADDRESS(S):
    EGMOORESHEAD@IHS.GOV
    AAMARI@IHS.GOV
    JJMARI@IHS.GOV
*** CONFIDENTIAL PATIENT INFORMATION ***

```

3.2 New Prompt Added for Storing Historical Address Information

There has been no change to the process of editing demographic information in items 9-14 or in item 16 on page 1 of the EPT Edit a Patient's File option (aka Patient Registration Editor). However, upon typing '^' to exit this option,

the following prompt will appear if any demographic information has been changed: *Should this new mail address be added to the historical addresses?*

- CHANGE which item? (1-20) NONE//: ^
- Should this new mail address be added to the historical addresses? Y// YES
- Adding to PREVIOUS MAIL ADDRESSES FIELD...

If the user's response is "No" the system will interpret the reply as a correction, display the corrected information and returned the user to the patient registration main menu.

If the user's response is "Yes" the system will store the old address as part of the patient's historical mailing addresses but will only display the historical address on the patient's face sheet. The new address will be displayed on page one of the Patient Registration Editor. After the system has added the old address to the previous addresses field, the user will be returned to the patient registration main menu.

NOTE: A similar prompt will appear when editing a patient's email address (item 20), as shown below.

CURRENT EMAIL ADDRESS: ROADTEST@EMAIL.COM// ROADTEST@GMAIL.COM

Should this new email address be added to the historical addresses? Y// YES

Adding to PREVIOUS EMAIL FIELD....

3.2.1 Refresher on standard Fileman editing methods

This selection is to provide the user a quick refresher on editing prompts in the Patient Registration Editor due to the new enhancement feature for storing historical changes.

While editing an item in the Patient Registration Editor and depending on the length of the characters displaying at the designated item, the system will display a REPLACE response (1) or the two slashes (2) ("/").

1. This example demonstrates the REPLACE response. If the item selected by the user to edit contains 20 characters or longer answers the following "Replace" response will display. NOTE: The following examples will not display the new historical feature question.

There are two approaches in entering information after the REPLACE response.

- a. When you receive the REPLACE prompt, first enter the exact information showing on the item you selected for editing. Your objective is to prompt the system for the WITH response. At the WITH response enter your changes you would like to correct or update. The system will display your requested changes and by pressing return will complete a change request for the item being edited.

```
IHS REGISTRATION EDITOR (page 1) NOT-A-REAL FACILITY
=====
PATIENT'S, NAME (upd:NOV 02, 2007) HRN:XXXXXXX
=====
-----
16.PHONE NUMBER [RESIDENCE] : 222-222-2222 17.WORK PHONE :
18. OTHER PHONE :
19. INTERNET ACCESS : YES WHERE : HOME (upd NOV 2,2007)
20. EMAIL ADDRESS: NOTANEMAILADDRESS@IHS.GOV
-----
=====
CHANGE which item? (1-20) NONE//: 20

CURRENT EMAIL ADDRESS: NOTANEMAILADDRESS@IHS.GOV Replace
NOTANEMAILADDRESS@IHS.GOV
With AAMARI@IHS.GOV Replace
AAMARI@IHS.GOV
```

- b. The best step to reply to the REPLACE response is to type in three periods after the REPLACE response and by pressing return after typing in the three periods the WITH response will display. At the WITH response enter your changes you would like to correct or update. The system will display the user's requested changes and by pressing return again will complete a change request for the item being edited.

```
IHS REGISTRATION EDITOR (page 1) NOT-A-REAL FACILITY
=====
PATIENT'S, NAME (upd:NOV 02, 2007) HRN:XXXXXXX
=====
-----
16.PHONE NUMBER [RESIDENCE] : 222-222-2222 17.WORK PHONE :
18. OTHER PHONE :
19. INTERNET ACCESS : YES WHERE : HOME (upd NOV 2,2007)
20. EMAIL ADDRESS: NOTLOGINADDRESS@IHS.GOV
-----
=====
CHANGE which item? (1-20) NONE//: 20

CURRENT EMAIL ADDRESS: NOTLOGINADDRESS@IHS.GOV Replace With AAMARI@IHS.GOV
Replace AAMARI@IHS.GOV
```

2. This example will demonstrate the two slashes ("/") response. If the item selected by the user to edit contains less than 20 characters, the system will offer the exact display of information already showing on

the item to be edited followed by two slashes ("/"). At this time the user can re-enter their changes to correct or update the patient's demographics. The system will display the user's requested changes and by pressing return this will complete a change request for the item being edited.

```

IHS REGISTRATION EDITOR (page 1)                                NOT-A-REAL
FACILITY
=====
PATIENT'S, NAME                (upd:NOV 02, 2007) HRN:XXXXXX
=====
1. ELIGIBILITY STATUS : DIRECT ONLY
2. DATE OF BIRTH : XX/XX/19XX
3. PLACE OF BIRTH [CITY] : MOORHEAD      4.ST : MN
5. SEX : FEMALE
6. SOCIAL SECURITY NUMBER : XXXXXXXXX(Verified by SSA)
7. MARITAL STATUS : SINGLE
8. CURRENT COMMUNITY : ADA
-----
9. STREET ADDRESS [LINE 1] : 4321 MAIN ST
10. STREET ADDRESS [LINE 2] :
11. STREET ADDRESS [LINE 3] :
12. CITY : ADA      13.ST : MN      14. ZIP CODE : 10011
15. LOCATION OF HOME :
-----
16. PHONE NUMBER [RESIDENCE] : 222-222-2222  17. WORK PHONE :
18. OTHER PHONE :
19. INTERNET ACCESS : YES WHERE : HOME (upd NOV 2, 2007)
20. EMAIL ADDRESS: AAMARI@IHS.GOV
-----
CHANGE which item? (1-20) NONE//: 20

CURRENT EMAIL ADDRESS: AAMARI@IHS.GOV// NOTANEMAILADDRESS@IHS.GOV

```

4.0 SSN MODIFICATIONS

New modifications have been implemented in the method of viewing the social security number of our patients in the Patient Registration system. The modified format of displaying the social security number will only show the last four digits of the social security number and the first five digits will display Only “X’s”. Please review example provided.

```

Patient's, Name                               (upd:NOV 05, 2007) HRN:XXXXXX
=====
1.      ELIGIBILITY STATUS : DIRECT ONLY
2.      DATE OF BIRTH : XX/XX/19XX
3.      PLACE OF BIRTH [CITY] : MOORHEAD      4.ST : MN
5.      SEX : FEMALE
6.      SOCIAL SECURITY NUMBER : XXX-XX-2409(Verified by SSA)
7.      MARITAL STATUS : SINGLE
8.      CURRENT COMMUNITY : ADA
=====
9.      STREET ADDRESS [LINE 1] : 123 MAIN ST
10.     STREET ADDRESS [LINE 2] :
11.     STREET ADDRESS [LINE 3] :
12.      CITY : ADA      13.ST : MN      14. ZIP CODE : 10011
15.     LOCATION OF HOME :
=====
16.     PHONE NUMBER [RESIDENCE] : 222-222-2222  17.WORK PHONE :
18.      OTHER PHONE :
19.      INTERNET ACCESS :      WHERE :      (upd NOV 5,2007)
20.      EMAIL ADDRESS: NOTANEMAILADDRESS@IHS.GOV
=====
CHANGE which item? (1-20) NONE//:

```

There will be a few exceptions to the viewing of social security numbers completely. One of these exceptions will be the Policy Number. Policy numbers will display no matter the format of this identifying feature. That is to say if the policy number is a social security number the user will have the ability to view the social security number in it's entirely due to being an insurance carrier's identifying feature. Another exception will be on Page One of the Patient Registration Editor. If the social security number displaying on Page One of the Patient Registration Editor has not yet been verified by the Social Security Administration office the social security number will display in it's entirely.

Viewing the social security number under a Policy number example:

```

IHS REGISTRATION EDITOR          Private Insurance          NOT-A-REAL
FACILITY
=====
PATIENT,ONE                      (upd:NOV 08, 2007) HRN#:XXXXX (DIRECT ONLY)
=====
1) Policy Holder.: PATIENT,ONE          |5) Gender (M/F): F
2) Policy or SSN.: 999999999           |6) Date of Birth: 1/1/19XX
3) Effective Date: JAN 01, 2005        |7) Prim care Prov:
4) Expire Date...:                     |8) Card Name.....:
-HOLDER'S EMPLOYER INFO-----
9) Status.....: FULL-TIME              | 10) Employer: INTEL CORPORATION
-INSURER INFORMATION-----
NEW MEXICO BC/BS INC              |11) Grp Name: INTEL CORP
  12800 INDIAN SCHOOL RD NE        |   Grp Number: 1234
  ALBUQUERQUE, NEW MEXICO 87112    |12) Coverage: HMO
  (505)591-6971                    |13) CCopy: Y          Date:11/6/2007
----Policy Members----PC----Member #----HRN----Rel-----From/Thru-----
14) PATIENT,ONE                   18    999999999    45614    SELF    1/1/2005
-----
Last edited by: USER'S, NAME      on Nov 08, 2007
=====
ENTER ACTION (<E>dit Data,<A>dd Member,<D>elete Member,<V>iew/Edit PH Addr):

```

Viewing the social security number under a SSA pending verification example:

```

=====
PATIENT,ONE                      (upd:NOV 06, 2007) HRN: XXXXXX
=====
1. ELIGIBILITY STATUS : DIRECT ONLY
2. DATE OF BIRTH : 01/01/19xx
3. PLACE OF BIRTH [CITY] : BERNALILLO,NM      4.ST : NM
5. SEX : FEMALE
6. SOCIAL SECURITY NUMBER : 999999999(Not yet verified by the SSA)
7. MARITAL STATUS : SINGLE
8. CURRENT COMMUNITY : SANDIA PEAK
-----
9. STREET ADDRESS [LINE 1] : 123 MAIN ST
10.STREET ADDRESS [LINE 2] :
11.STREET ADDRESS [LINE 3] :
12. CITY : ALBUQUERQUE      13.ST : NM14. ZIP CODE : 87000
15. LOCATION OF HOME :
-----
16.PHONE NUMBER [RESIDENCE]: 505 555 5555  17.WORK PHONE :
18. OTHER PHONE :
19. INTERNET ACCESS : YES      WHERE : HOME (upd NOV 5,2007)
20. EMAIL ADDRESS: notsobig@ihs.gov
=====
CHANGE which item? (1-20) NONE//:

```

The restriction of viewing the complete social security number will effect the following menu options.

- a. SCA SCAN reg. pats (incl. inactive & deceased)
- b. SCA DOB List patients in DATE-OF-BIRTH order
- c. PAT Print a SELECTED PATIENT'S index card

- d. ALL Print ALL PATIENT'S index cards
- e. RNG Print RANGE of index cards by patient's NAMES
- f. DAT Print index card(s) for registration DATE(S)
- g. P1 PAGE1 - Elig/Identifiers Routine
- h. FIE print Face sheet, Index card, Embossed card
- i. ALP print REGISTERED PATIENTS ALPHABETICALLY
- j. CHR print REGISTERED PATIENTS by CHART NUMBER
- k. ENT print all patients in ENTIRE DATA BASE
- l. COM Print list of COMMISSIONED OFFICERS & DEPENDENTS
- m. DAI REGISTRATION DAILY ACTIVITY REPORTS
- n. TEM Print patients with TEMPORARY CHART NUMBERS
- o. DOB List patients in DATE-OF-BIRTH order
- p. VET VETERANS

4.1 New Security Key

A new Security Key (AGZVIEWSSN) was created in the Patient Registration System in order to view the social security number completely in all menu options or limit the view of the social security number to the last four digits. This security key will need to be assigned to the user in order to view the social security number in it's **entirely** and to have the ability to edit the social security number. If this key is **not** assigned to the user the view of the social security number will be limited to the last four digit formats and the user will *not* have the ability to edit the social security number.

This modification will demonstrate the intent to protect the security of our patients.

5.0 Glossary

Term	Definition
AR	Accounts Receivable
ASCII	American Standard Code for Information Interchange. A coding standard for characters, numbers, and symbols.
Caché	A multidimensional database that uniquely combines robust objects and robust SQL, thus eliminating object-relational mapping.
Caché ObjectScript	A variant of the MUMPS programming language specifically designed for the Caché environment.
CHUI	Character based User Interface. A program interface that uses words in an effort to make the program easier to use. Such an interface is often presented as a series of menus. Also known as "roll and scroll."
Computer System	A complete, working computer. The computer system includes not only the computer, but also any software and peripheral devices that are necessary to make the computer function. Every computer system, for example, requires an operating system
CRDT	CNI RPMS Development Team.
Database	One or more large structured sets of persistent data, usually associated with software to update and query the data.
DD	Design Document.
CNITD	Chickasaw Nations Industries Technology Division
FileMan	The database management system for RPMS.

Global	In MUMPS, global refers to a variable stored on disk (global variable) or the array to which the global variable may belong (global array).
GUI	Graphical User Interface. A program interface that uses a computer's graphics capabilities in an effort to make a program easier to use.
IEN	Internal Entry Number. A unique number used to identify an entry within a file.
IHS	Indian Health Service.
Menu	A list of choices for computing activity. A menu is a type of option designed to identify a series of items (other options) for presentation to the user for selection.
MUMPS	Massachusetts General Hospital Utility Multiprogramming System. It is a procedural, interpreted general-purpose programming language oriented towards database applications.
NPI	National Provider Identifier. A unique number assigned to Health plans, health care clearing houses, and those health care providers who transmit any health information in electronic form in connection with a transaction.
OIT	Office of Information Technology
Roll and Scroll	Character based user interface. See CHUI .
RPMS	Resource and Patient Management System. A suite of software applications used at IHS facilities to support administrative, clerical, and clinical functions.
SME	Subject Matter Expert. The individual who exhibits the highest level of expertise in performing a specialized job, task, or skill within the organization.

SRS	Software Requirements Specification. A document that specifies the behavior of the Computer System to be developed and/or modified. It could contain Functional and Non-Functional Requirements.
User Interface (UI)	The aspects of a computer system or program which can be seen (or heard or otherwise perceived) by the human user, and the commands and mechanisms the user uses to control its operation and input data.

6.0 Contact Information

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

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

Fax: (505) 248-4363

Web: <http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm>

Email: support@ihs.gov