



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Patient Registration

(AG)

Patch 7 Addendum

Version 7.1 Patch 7
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Division of Information Resources
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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 7

New functionality will be integrated into the existing architecture of the existing AG functionality. The addition of database fields and a new page 10 in Patient Registration Version 7.1 will be implemented. Additional modifications to Patient Registration Version 7.1 will also be implemented.

2.1 Summary of Change

Patch 7 provides corrections and enhancements to version 7.1 of the Patient Registration application. Patch 7 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 subfile 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 that do not have the policy holder field populated. This could be because of closing windows inappropriately. After release of Patch 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 Internal Entry Number (IEN) was also the same as the last four digits of the social security number (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 Release of Information (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 (Medicare Secondary Payer [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 autopopulation 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 date of birth (DOB) would show 1709. This has been fixed. Also related to this are a 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. 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 and to capture productivity by coordinator and track caseloads. 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 and the fields on this page will not be required.

From Patch 3:

- Ambiguous policy holder issue. The user was not being allowed to enter a nonregistered policy holder when the policy holder name was a substring 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 fourth piece of the subfile node. This was corrected.

- A message has been added when running the FRP. 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 that 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 field which the system used to determine if the entry could be selected.

From Patch 4:

- <UNDEFINED>L6+2^AGDICK
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.
- 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]
- Changes in Page 1 of the Patient Edit Screen

- ZIP CODE has moved up to the same line as CITY, STATE.
- Item 20, EMAIL ADDRESS, was added and located at the bottom of the screen.
- When editing Items 9–14,16, you will be asked to edit all of these items. After editing if you have changed any of them, you will be asked if the new address needs to be added to the PREVIOUS MAIL ADDRESS multiple. If you type **Yes**, it will become store as part of the Patient's historical mail addresses.

Note: During the post install, current patient addresses in File #2 will be moved as the first entry in the PREVIOUS MAIL ADDRESS multiple. When editing the new item EMAIL ADDRESS, you will be asked a similar question as the one above.

2.1.1 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 are 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//
```

Figure 2-1: Initial prompts for the Benefits Coordinator Productivity by Coordinator Report

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
```

<p>E ENTERED IN ERROR</p> <p>ENTER AN APPLICATION STATUS? : PENDING</p>

Figure 2-2: Additional prompts

The 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 CONTRACT	3. Case Type:	
2. Case Number: 100121 XXXXX,XXXX	4. Case Worker:	
5. Case Reason: MEDICAID ELIGIBLE		
6. Completed By:		
7. Assigned to: xxxxxxxx,xxxxxx	8. Notes:	
=====		
-APPLICATION-----		

DATE APPLICATION OBTAINED STATUS	TYPE	PERSON RECEIVING

9.OCT 05, 2007 PENDING	AHCCCS	XXXXX,XXXXX
10.SEP 05, 2007 DENIED	SSI	XXXXX,XXXXX
=====		
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: xxxxxx,xxxxxxx on Oct 05, 2007		
=====		
Change which item (1-10) OR Add <A>pplication OR Add <S>penddown information:		

Figure 2-3: Benefits Coordination–Case Data page

The 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:
```

Figure 2-4: Selecting the Report Date and Date Range

```
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:
```

Figure 2-5: Page 1 of the BCPC report

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 OBTAINED	CHART	APPLICATION TYPE	STATUS
OCT 5,2007	110669	AHCCCS	PENDING

Enter RETURN to continue or '^' to exit:

Figure 2-6: Page 2 of the BCPC report

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 OBTAINED	CHART	APPLICATION TYPE	STATUS
SEP 19,2007	45614	MEDICARE	APPROVED

Enter RETURN to continue or '^' to exit:

Figure 2-7: Page 3 of the BCPC report

2.1.2 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 (TYPE) OF BIRTH	ELIG DATE	CHART # COVERAGE	POL. NUMBER ELIG END DATE	DATE
(REG) ANGLOND, ELLEN M 7, 1913		106416		FEB
(MCR) ANGLOND, ELLEN M 07, 1913			482071476B1	FEB
(MCR) MAR 01, 1978		A		
(MCR) MAR 01, 1978		B		
(MCD) JAN 01, 1991		8	482071476	MAY
(MCD) 31, 1991				
(REG) ANNU, BEN J 25, 1937		101149		OCT
(MCR) MUNRUA, DAVID E 25, 1937			434364312A	OCT
(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:

Figure 2-8: Medicare/Medicaid Enrollees report

2.1.3 Changes on Page 1 of the Patient Registration Editor

Modification to Page 1 of the Patient Registration was implemented to allow the addition of the Email Address field. The ZIP CODE has moved up to the same line as CITY, STATE. Item 20 was added to the bottom of the page to allow for entry of the EMAIL ADDRESS information.

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 : XXXXXXXXX(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//:			

Figure 2-8: The new Email Address field

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

```

Figure 2-9: Data tracking notification

```

                                *** CONFIDENTIAL PATIENT INFORMATION ***
                                NOT-A-REAL FACILITY
                                AMBULATORY CARE RECORD BRIEF
                                -----
NOV 02, 2007@13:40:12
Page: 1
=====
PATIENT: Patient's, Name                                CHART #:
XXXXXXXX
=====
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

```

Figure 2-10: The Ambulatory Care Record Brief

```

*** 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,XXXXXX                                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:

```

Figure 2-11: Page 2 of the Ambulatory Care Record Brief

```

*** 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 HERER
ADA, MINNESOTA 10011
222-222-2222

=====
HISTORICAL EMAIL ADDRESS(S):
EGMOORESHEAD@IHS.GOV
AAMARI@IHS.GOV
JJMARI@IHS.GOV
*** CONFIDENTIAL PATIENT INFORMATION ***

```

Figure 2-12: Page 3 of the Ambulatory Care Record Brief

2.1.5 Editing the Mailing Address

The process of editing items on Page 1 of the Patient Registration Editor has also been modified due to the new feature for recording historical addresses and historical email changes. When editing Items 9 through 14 and Item 16, you will be asked to edit all of these items at once. Any changes can be made to these prompts when applicable. If editing any of these items results in a change of demographics, the user will be asked if the new address changes needs to be added to the historical address patient's information. The following prompt was designed to distinguish between an address correction and a new address.

Should this new mail address be added to the historical addresses?

If the user's response is No, the system will interpret the reply as only a address correction and simply display the correction on Page 1 of the Patient Registration Editor.

If the user's response is Yes, the system will store the old address that is currently displayed on Page 1 of the Patient Registration Editor as part of the Patient's historical mailing addresses and also display the new address change on Page 1 of the Patient Registration Editor.

Note: Patient's historical mailing address changes will *only* display on the FACE SHEET.

```

IHS REGISTRATION EDITOR  (page 1)                                NOT-A-REAL FACILITY
=====
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] :
12. CITY : ADA          13.ST : MN          14. ZIP CODE :
10011
15. LOCATION OF HOME :
-----
16. PHONE NUMBER [RESIDENCE] : 121-111-1111  17. WORK PHONE :
18. OTHER PHONE :
19. INTERNET ACCESS : YES WHERE : HOME (upd NOV 2,2007)
20. EMAIL ADDRESS: patientsname@ihs.gov
=====
CHANGE which item? (1-20) NONE//: 9

STREET ADDRESS [LINE 1]: 123 MAIN ST// 1234 MAIN ST
STREET ADDRESS [LINE 2]: 1234 MAIN AVE
STREET ADDRESS [LINE 3]:

CITY: ADA//

*** If you changed the city, you may need to change the
*** Community of Residence fields shown below.
*** If not, just press RETURN to continue.

Select DATE MOVED: JAN 1980//
DATE MOVED: JAN 1980//
COMMUNITY OF RESIDENCE: ADA//

STATE: MINNESOTA//

ZIP CODE: 10011//

```

```

PHONE NUMBER [RESIDENCE]: 121-111-1111// 222-222-2222
Should this new mail address be added to the historical addresses? Y//
ES

```

Figure 2-13: The old address and the new address are stored

2.1.6 Editing the Email Address Field

When editing the new Item 20, "EMAIL ADDRESS" prompt, the user will be asked if the email address changes needs to be added to the historical email address patient's information. == The following prompt was designed to distinguish between an email address correction and a new email address.

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

If the user's response is No, the system will interpret the reply as only a email address correction and simply display the correction on Page 1 of the Patient Registration Editor.

If the user's response is Yes, the system will store the old email address which is currently displayed on Page 1 of the Patient Registration Editor as part of the Patient's historical email address and also display the new email address change on Page 1 of the Patient Registration Editor.

Note: Patient's historical email address changes will *only* display on the FACE SHEET.

IHS REGISTRATION EDITOR (page 1)		NOT-A-REAL FACILITY	
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 : 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 :		
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: JJMARI@IHS.GOV
-----
=====
CHANGE which item? (1-20) NONE//: 20

CURRENT EMAIL ADDRESS: JJMARI@IHS.GOV// NOTLOGINADDRESS@IHS.GOV
Should this new email address be added to the historical addresses?
Y// ES
```

Figure 2-14: Page 1 of the Patient Registration Editor

2.1.7 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

```

Figure 2-15: The "Replace" prompt

- b. The best way to reply to the REPLACE response is to type in three periods after the REPLACE response (...) and by pressing the Enter key 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 the Enter key 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

```

Figure 2-16: Using REPLACE . . .WITH

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 reenter the changes to correct or update the patient's demographics. The system will display the user's requested changes, and by pressing the Enter key, 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 : XXXXXXXXXX(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

```

Figure 2-17: The two slashes (//) response

2.1.8 Social Security Number Modifications

New modifications have been implemented in the method of viewing the social security number (SSN) of patients in the Patient Registration system. The modified format of displaying the SSN will only show the last four digits of the SSN and the first five digits will display only Xs. 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//:			
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//:			

Figure 2-18: The SSN display

There will be a few exceptions to the viewing of SSNs 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 an SSN, the user will have the ability to view the SSN in it's entirety due to being an insurance carrier's identifying feature. Another exception will be on Page 1 of the Patient Registration Editor. If the SSN displaying on Page 1 of the Patient Registration Editor has not yet been verified by the Social Security Administration office, the SSN will display in its entirety:

```

IHS REGISTRATION EDITOR      Private Insurance      NOT-A-REAL FACILITY
=====
PATIENT,ONE                  (upd:NOV 08, 2007) HRN#:XXXXXX      (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          Ins. Type: P                           |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):

```

Figure 2-19: Viewing the SSN under a Policy Number

```

=====
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//:

```

Figure 2-20: Viewing the SSN under an SSA pending verification

The restriction of viewing the complete SSN 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

2.1.9 New Security Key

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

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

From Patch 5:

- The user Trigger events which generate and transmit HL7 messages from RPMS to the EDR system.

Service calls included are:

- The option description for option 'MM Print List of Medicare/Medicaid Enrollees' was erroneous. It used 'or' when it should have been 'and'.
- The Edit a Patient's page option P2-P9 were not showing the standard header as P! did. This has been corrected.
- H3488–The SSN was not showing up on the Face Sheets.
- H3863–The wrong DOB was showing up on three reports. (Alphabetical reports and the report by chart number)
- H4532–The state field on edit screen page 1 was running into the zip code field if the city field was too long. A space was added to prevent this.
- H4512–The 'DAI REGISTRATION DAILY ACTIVITY REPORTS' option would error out when the user queued the report to a printer.
- H4639–The 'INV print INVALID DATA ENTRIES–PATIENT FILES' report was reporting an invalid emergency contact information even though all fields were populated on Page 3. It was pointed out that the routine was looking in the wrong field for EC RELATIONSHIP data.

From Patch 7:

- H2771 - Corrected a problem with the Medicare secondary payer flag.
- H8999–Corrected a problem in routine AGCAT with an infinite loop occurring.
- H9510–Corrected AG1 to note allow existing HRN to be assigned to new patient.
- Modified AGBENPRD and AGBENPRC to allow for exit within the PRINT tag.
- A new registration parameter, MPI PATH FOR BULK LOAD FILE, will need to be populated as part of the post installation of the Master Patient Index (MPI). Another step in the MPI postinstall will be the tasking of the AGMP SITE BULK UPLOAD option. This option will pull patient records into a flat file and place it into the pathname entered into the MPI PATH FOR BULK LOAD FILE parameter. The file will then be transmitted to the MPI server and loaded into the MPI database.
- Modified the patient's face sheet to display the Address Line 2 and Address Line 3 information.
- Added a new Page 10 to the Patient Registration Editor to include Uniform Data System (UDS) information, which includes:

- The addition of prompts to identify patients who are best served with a language other than English. These new prompts will include “Primary Language,” “Other languages spoken,” and “Preferred Language.” If English is selected as one of the languages spoken (Primary or Other), the user will be asked to enter how proficient he/she are in speaking English (Very Well, Well, Not Well, or Not at All). If English is not selected as the primary language, the user will be asked “Interpreter Required?”
- The addition of prompts for identifying the Migrant Worker status of the patient. These prompts will include “Migrant Worker?” (Yes or No) and “Type” (asked only if “Migrant Worker?” equals Yes). The date the information was last updated will also be displayed.
- The addition of prompts for identifying the Homeless status of the patient. These prompts will include “Homeless?” (Yes or No) and “Type” (asked only if “Homeless?” equals Yes). The date the information was last updated will also be displayed.
- Moving the “Internet Access” and “Where” (the Internet is accessed from) prompts from Page 1. If the “Internet Access” equals No, the user will not be prompted to enter the “Where” information. The date the information was last updated will also be displayed.
- Moving the “Race,” “Ethnicity” (and its corresponding “Method of Collection” prompt), “Number in Household,” and “Total Household Income” prompts from Page 2. The “Ethnicity” prompt will now always be required and the “Total Household Income” prompt will now include an additional prompt “Household Income Period” for the time frame (Year, Month, Weekly, or Biweekly).
- Prompt the user for ETHNICITY INFORMATION and METHOD OF COLLECTION in ADD A PATIENT REGISTRATION, following the Restricted Health Information fields. This field will now be required.
- A new security key, AGZEDITPAGE10, had been created. This key is required to edit Page 10 in patient registration using the Page Edit option. This key is not required for editing Page 10 when using the regular Patient Registration editor option.

2.2 Address Line 2 and 3 not Showing on the Face Sheet

Allow Patient Registration to display second and third Address lines, if they are populated, when viewing and printing the face sheet.

```

FEB 18, 2010@09:43:30                                     Page: 1
=====
PATIENT: PATIENT, ONE                                     CHART #: 135196
=====
COMPUTER FILE EST: NOV 27, 1991(JAR)                     LAST EDIT: FEB 18,
2010 (DLS)
=====
SSN: XXX-XX-2738                                         SSN STATUS: Verified by SSA
CLASS: INDIAN/ALASKA NATIVE                               SEX:
FEMALE
COMMUNITY: CLYDE                                         BIRTHDAY: JUN
10, 1982
COUNTY: HAYWOOD                                         AGE: 27 YRS
CURRENT ADDRESS:
  COMMUNITY LIVING CENTER
  123 MAIN STREET
  ROOM 456
  SOMEWHERE, NORTH CAROLINA 28721
PHONE NUMBERS ---
HOME: 555-555-4744          WORK: 555-999-8359
OTHER PHONE: 444-444-4444
  RACE: AMERICAN INDIAN OR ALASKA NATIVEETHNICITY: HISPANIC OR
LATINO
CURRENT EMAIL ADDRESS: ABC3@XYZ.COM
NUMBER IN HOUSEHOLD: 4          TOTAL HOUSEHOLD INCOME: 12000
=====
TRIBE: SOMETRIBE INDIANS, EASTERN BAND, NM              INDIAN QUANTUM:
1/256
Enter RETURN to continue or '^' to exit:

```

Figure 2-21: Second and third address lines

2.3 New Page: UDS Questions

Creation of a new Page 10 in Patient Registration Editor to allow the following information.

2.3.1 Fields to Identify Patients Best Served with a Language Other Than English

This would identify patients who use another type of language besides English. An example would for patients that need an interpreter don't speak English as their primary language, and/or who use sign language.

The RPMS UDS has a requirement to report race and ethnicity data annually to HRSA. Part of that reporting includes the ability to count the number of patients where it was reported they are best served in a language other than English. Include those patients who were served by a bilingual provider and those who may have brought their own interpreter. Include patients residing in areas where a language other than English is the dominant language such as Puerto Rico or the pacific islands.

- Record dates and values each time this question is selected and data modified.
- Ask for the primary language spoken by the patient and record. This is required.
- Ask if an Interpreter is required *only if* the registration user selects an entry other than English as the primary language spoken. If English is selected as the primary language, the user will not be prompted to enter this information. Values for this field are YES/NO/UNKNOWN.
- Ask for Other Languages Spoken only if the Primary Language field has been answered. Keep asking for Other Languages Spoken if the user keeps adding values.
- If English is selected for any of the questions asked, then ask the following Language Need for Spoken English question:
 - Very Well
 - Well
 - Not Well
 - Not at All
- Ask for Preferred Language, if more than one language is entered.

Example #1

In the first example, English is chosen as the primary language and Spanish as another language spoken. Any time English is chosen as either a primary or other language, the user will be prompted to rate the proficiency of the patient's English usage. If English is chosen as the primary language, the user will not be prompted for "Interpreter Required?" More than two languages can be entered for the patient.

In this example, the first screen shown here displays the step-by-step entry of the patient's languages, with English selected as the primary language.

IHS REGISTRATION EDITOR (page 10)		DEMO HOSPITAL
=====		
PATIENT, ONE	(upd: MAR 03, 2010)	HRN: 132871 CHS
& DIRECT		
=====		
Other Patient Data		
1. Ethnicity.....: HISPANIC OR LATINO		
2. Race.....: AMERICAN INDIAN OR ALASKA NATIVE		
3. Primary Language.....: Interpreter		
required?		
Other languages spoken:		
4. Preferred Language....:		

5. Migrant Worker?.....: YES Type: MIGRANT AGRICULTURAL WO (upd		
MAR 3, 2010)		
6. Homeless?.....: YES Type: DOUBLING UP (upd		
MAR 3, 2010)		

7. Internet Access.....: YES Where: HOME (upd		
MAR 3, 2010)		

8. Number in Household...: 5		
9. Total Household Income: 10000 / YEAR		
=====		
CHANGE which item? (1-6) NONE//: 2		
Add the PRIMARY LANGUAGE spoken at home by the patient: ENGLISH		
How proficient is the patient in speaking ENGLISH?: ?		
Choose from:		
VW VERY WELL		
W WELL		
NW NOT WELL		
NA NOT AT ALL		
How proficient is the patient in speaking ENGLISH?: WELL		
Select OTHER LANGUAGE SPOKEN: SPANISH		
Select OTHER LANGUAGE SPOKEN:		
Indicate Preferred Language: ENGLISH		

Figure 2-22: English selected as the primary language

The second screen shown here displays Page 10 after the language fields have been completed.

IHS REGISTRATION EDITOR (page 10)		DEMO HOSPITAL
=====		
PATIENT, ONE	(upd: MAR 03, 2010)	HRN: 132871 CHS
& DIRECT		
=====		
Other Patient Data		
1. Ethnicity.....: HISPANIC OR LATINO		
2. Race.....: AMERICAN INDIAN OR ALASKA NATIVE		
3. Primary Language.....: ENGLISH Interpreter		
required?		
Other languages spoken: SPANISH		
4. Preferred Language....: ENGLISH		

```

-----
5. Migrant Worker?.....: YES   Type: MIGRANT AGRICULTURAL WO   (upd
MAR 3,2010)
6. Homeless?.....: YES   Type: DOUBLING UP                       (upd
MAR 3,2010)
-----
7. Internet Access?.....: YES   Where: HOME                       (upd
MAR 3,2010)
-----
8. Number in Household...: 5
9. Total Household Income: 10000          /   YEAR
=====
CHANGE which item? (1-6) NONE//:

```

Figure 2-23: IHS Registration Editor, Page 10

Example #2

In the second example, Spanish is chosen as the primary language and Creole is chosen as another language. If English is not chosen as the primary language, the user is prompted “Interpreter Required?” Users will not be asked this question for the other languages.

In this example, the first screen displays the step-by-step entry of the patient’s languages, with English is not selected as the primary language.

```

IHS REGISTRATION EDITOR   (page 10)                                DEMO HOSPITAL
=====
PATIENT,ONE               (upd:MAR 03, 2010)                      HRN:123809 CHS
& DIRECT
=====
                                Other Patient Data
1. Ethnicity.....: HISPANIC OR LATINO
2. Race.....: AMERICAN INDIAN OR ALASKA NATIVE
3. Primary Language.....: Interpreter
   required?
   Other languages spoken:
4. Preferred Language....:
-----
5. Migrant Worker?.....: YES   Type: MIGRANT AGRICULTURAL WO   (upd
MAR 3,2010)
6. Homeless?.....: YES   Type: DOUBLING UP                       (upd
MAR 3,2010)
-----
7. Internet Access?.....: YES   Where: HOME                       (upd
AUG 8,2007)
-----
8. Number in Household...: 5
9. Total Household Income: 10000          /   YEAR
=====
CHANGE which item? (1-6) NONE//: 3

```

```

Add the PRIMARY LANGUAGE spoken at home by the patient: SPANISH
Interpreter Required?: Y YES
Select OTHER LANGUAGE SPOKEN: CREOLE
Select OTHER LANGUAGE SPOKEN:
Indicate Preferred Language: SPANISH

```

Figure 2-24: English not selected as the primary language

The second screen displays Page 10 after the language fields have been completed.

```

IHS REGISTRATION EDITOR (page 10) DEMO HOSPITAL
=====
PATIENT, ONE (upd: MAR 03, 2010) HRN: 123809 CHS
& DIRECT
=====
Other Patient Data
1. Ethnicity.....: HISPANIC OR LATINO
2. Race.....: AMERICAN INDIAN OR ALASKA NATIVE
3. Primary Language.....: SPANISH Interpreter
required? YES
Other languages spoken: CREOLE
4. Preferred Language....: SPANISH
-----
5. Migrant Worker?.....: YES Type: MIGRANT AGRICULTURAL WO (upd
MAR 3, 2010)
6. Homeless?.....: YES Type: DOUBLING UP (upd
MAR 3, 2010)
-----
7. Internet Access.....: YES Where: HOME (upd
AUG 8, 2007)
-----
8. Number in Household...: 5
9. Total Household Income: 10000 / YEAR
=====
CHANGE which item? (1-6) NONE//:

```

Figure 2-25: Page 10 of the IHS Registration Editor

Example #3

In the third example, Aleut and English are added as additional languages. If any of the OTHER LANGUAGES SPOKEN entered are English, the user will be prompted to answer “How proficient is the patient in speaking ENGLISH?” after all languages have been entered.

```

IHS REGISTRATION EDITOR (page 10) DEMO HOSPITAL
=====
PATIENT,ONE (upd:MAR 3, 2010) HRN:123809 CHS &
DIRECT
=====
Other Patient Data
1. Ethnicity.....: HISPANIC OR LATINO
2. Race.....: AMERICAN INDIAN OR ALASKA NATIVE
3. Primary Language.....: SPANISH Interpreter
required? YES
Other languages spoken: CREOLE
4. Preferred Language....: SPANISH
-----
5. Migrant Worker?.....: YES Type: MIGRANT AGRICULTURAL WO (upd
MAR 3,2010)
6. Homeless?.....: YES Type: DOUBLING UP (upd
MAR 3,2010)
-----
7. Internet Access.....: YES Where: HOME (upd
MAR 3,2010)
-----
8. Number in Household...: 5
9. Total Household Income: 10000 / YEAR
-----
=====
CHANGE which item? (1-9) NONE//: 3
Add the PRIMARY LANGUAGE spoken at home by the patient: SPANISH
//
Interpreter Required?: YES//
Select OTHER LANGUAGE SPOKEN: CREOLE// ALEUT 800
Select OTHER LANGUAGE SPOKEN: ENGLISH
Select OTHER LANGUAGE SPOKEN:
How proficient is the patient in speaking ENGLISH?: WELL
Indicate Preferred Language: SPANISH//

```

Figure 2-26: Aleut and English are added as additional languages

If more than one OTHER LANGUAGE SPOKEN is entered, Page 10 will display the message “MORE THAN ONE LANGUAGE.” To see what languages the patient speaks if this occurs, edit the Primary Language and when prompted to “Select OTHER LANGUAGE SPOKEN,” type a question mark (?). This will generate a listing of all languages spoken by the patient. To remove a language from the list, enter the language and press the Enter key. This will prompt you with the language you just entered, where you can simply type an at sign “@” to delete it from the list.

```

IHS REGISTRATION EDITOR (page 10) DEMO HOSPITAL
=====
PATIENT,ONE (upd:MAR 3, 2010) HRN:123809 CHS &
DIRECT
=====
Other Patient Data
1. Ethnicity.....: HISPANIC OR LATINO
2. Race.....: AMERICAN INDIAN OR ALASKA NATIVE
3. Primary Language.....: SPANISH Interpreter
required? YES
Other languages spoken: MORE THAN ONE LANGUAGE
4. Preferred Language....: SPANISH
-----
5. Migrant Worker?.....: YES Type: MIGRANT AGRICULTURAL WO (upd
MAR 3,2010)
6. Homeless?.....: YES Type: DOUBLING UP (upd
MAR 3,2010)
-----
7. Internet Access.....: YES Where: HOME (upd
MAR 3,2010)
-----
8. Number in Household...: 5
9. Total Household Income: 10000 / YEAR
-----
=====
CHANGE which item? (1-9) NONE//: 3
Add the PRIMARY LANGUAGE spoken at home by the patient: SPANISH
//
Interpreter Required?: YES//
Select OTHER LANGUAGE SPOKEN: ENGLISH// ?
Answer with OTHER LANGUAGE SPOKEN
Choose from:
ALEUT
CREOLE
ENGLISH

You may enter a new OTHER LANGUAGE SPOKEN, if you wish

Answer with LANGUAGES, or CENSUS CODE, or ISO 639-1 CODE, or
ISO 639-2 CODE
Do you want the entire 636-Entry LANGUAGES List?
Select OTHER LANGUAGE SPOKEN: ENGLISH// CREOLE 623
...OK? Yes// (Yes)

Other Language Spoken: CREOLE// @
SURE YOU WANT TO DELETE THE ENTIRE Other Language Spoken? Y (Yes)
Select OTHER LANGUAGE SPOKEN:
How proficient is the patient in speaking ENGLISH?: WELL
//
Indicate Preferred Language: SPANISH//

```

Figure 2-27: Typing an at sign (@) to delete a language from the list

2.3.2 Fields for HOMELESS STATUS and MIGRANT STATUS

The user can request fields to be added to help track a person who is homeless or a migrant worker. This is needed in the UDS application for reporting by Tribal health centers.

Migrant Worker Status:

- Record the date and values entered for each instance the user edits this question.
- If answered YES, allow the user to select from one of the following and record into the Type field:

Migrant Agricultural Worker:

- Defined by Section 330(g) of the Public Health Service Act, a migrant agricultural worker is an individual whose principal employment is in agriculture on a seasonal basis (as opposed to year-round employment) and who establishes a temporary home for the purposes of such employment. Migrant agricultural workers are usually hired laborers who are paid piecework, hourly or daily wages. The definition includes those individuals who have had such work as their principle source of income within the past 24 months as well as their dependent family members who have also used the center. The dependent family members may or may not move with the worker or establish a temporary home. Note that agricultural workers who leave a community to work elsewhere are just as eligible to be classified as migrants in their home community as are those who migrate to a community to work there.

Seasonal Agricultural Worker:

- Seasonal agricultural workers are individuals whose principal employment is in agriculture on a seasonal basis (as opposed to year-round employment) and who do not establish a temporary home for purposes of employment. Seasonal agricultural workers are usually hired laborers who are paid piecework, hourly, or daily wages. The definition includes those individuals who have been so employed within the past 24 months and their dependent family members who have also used the center.
- If answered NO, skip the Type field but record the date asked.
- If the status is changed from Yes to No, the Type will be erased.

Homeless Status. Defined as patients who lack housing (without regard to whether the individual is a member of a family), including individuals whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, and individuals who reside in transitional housing.

- Record the date and values entered for each instance the user edits this question.
- If answered YES, allow the user to select from one of the following and record into the Type field:
 - Homeless Shelter
 - Transitional

Once a homeless person obtains housing, he or she is often considered to be in a transitional status for a considerable period of time. It is not uncommon for an individual who has been homeless to obtain housing but, due to illness, substance abuse, loss of employment or other circumstances, subsequently return to homelessness. Each HCH program may set its own definition of transitional housing based on available resources. However, it is the intent of the HCH program to continue services to formerly homeless individuals for up to 12 months after the individual has obtained housing.
 - Doubling Up

An individual may be considered to be homeless if that person is "doubled up," a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members.
 - Street

"Street" includes living outdoors, in a car, in an encampment, in makeshift housing/shelter or in other places generally not deemed safe or fit for human occupancy. Persons who spent the prior night incarcerated or in a hospital should be reported based on where they intend to spend the night after their encounter. If they do not know, code as "street".
 - Other
 - Unknown
- If answered NO, skip the Type field but record the date asked.
- If the status is changed from Yes to No, the Type will be erased.

IHS REGISTRATION EDITOR (page 10)		DEMO HOSPITAL
=====		
PATIENT, ONE	(upd:FEB 26, 2010)	HRN:113358 CHS
& DIRECT		
=====		
Other Patient Data		
1. Ethnicity.....: DECLINED TO ANSWER		
2. Race.....: NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		
3. Primary Language.....: SPANISH		
		Interpreter
required? YES		


```

      Other languages spoken: MORE THAN ONE LANGUAGE
4. Preferred Language....: CHEYENNE
-----
5. Migrant Worker?.....: YES   Type: MIGRANT AGRICULTURAL WO (upd FEB
24,2010)
6. Homeless?.....: YES   Type: OTHER                      (upd FEB
24,2010)
-----
7. Internet Access.....: YES   Where: LIBRARY              (upd FEB
26,2010)
-----
8. Number in Household...: 3
9. Total Household Income: 10000          /   YEAR
-----
=====
CHANGE which item? (1-9) NONE//:

```

Figure 2-28: Entering Migrant Worker and Homeless in the Type fields

2.3.3 Move Several Fields from Pages 1 and 2 in Patient Registration Edit to the New Page 10

Move several fields from Pages 1 and 2 of Patient Registration edit to the new Page 10, including:

- INTERNET ACCESS (Yes or No) and WHERE (accessed from) from Page 1, Question #19. The “WHERE” prompt will be presented to the user only if the “INTERNET ACCESS” prompt is answered with Yes. An existing WHERE entry will be cleared if the INTERNET ACCESS value is changed from Yes to No.
- RACE from Page 2, Question #14.
- NUMBER IN HOUSEHOLD from Page 2, Question #15.
- TOTAL HOUSEHOLD INCOME from Page 2, Question #16—A qualifier has been added of YEAR, MONTH, WEEKLY, or BIWEEKLY. This is required if the TOTAL HOUSEHOLD INCOME is populated.
- ETHNICITY from Page 2, Question #17. A “METHOD OF COLLECTION” prompt has now been added along with the “ETHNICITY” prompt. Both fields are required.

```

IHS REGISTRATION EDITOR   (page 10)                                DEMO
HOSPITAL
=====
=====
PATIENT, ONE              (upd:FEB 12, 2010)                      HRN:135196
DIRECT ONLY
=====
                                Other Patient Data

```

```

1. Ethnicity.....: HISPANIC OR LATINO
2. Race.....: AMERICAN INDIAN OR ALASKA NATIVE
3. Primary Language.....:
   Other Language Spoken:
4. Preferred Language....:
-----
5. Migrant Worker?.....:
6. Homeless?.....:
-----
7. Internet Access.....: YES Where: TRIBAL/COMMUNITY CTR (upd FEB
12,2010)
-----
8. Number in Household...: 4
9. Total Household Income: 10000 / YEAR
-----
=====
=====
CHANGE which item? (1-8) NONE//:

```

Figure 2-29: Moving fields to the new Page 10

2.4 Prompt for Ethnicity Information when Adding a New Patient

- Prompt the user for “ETHNICITY INFORMATION” and “METHOD OF COLLECTION” when adding a new patient. This is to be placed following the Approving Official field within the “RESTRICTED HEALTH INFORMATION” prompts. These fields will be required.

```

RESTRICTED HEALTH INFORMATION:
Ethnicity: HISPANIC OR LATINO      H
Method of Collection: SELF IDENTIFICATION//      S
Race:

```

Figure 2-30: “Restricted Health Information” prompt

3.0 Glossary

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."

CNITD Computer System

Chickasaw Nations Industries Technology Division. 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.

FileMan

The database management system for RPMS.

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.

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).

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, healthcare clearing houses, and those healthcare 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.

UDS User Interface (UI)

Uniform Data System.

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.

4.0 Contact Information

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

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