RESOURCE AND PATIENT MANAGEMENT SYSTEM

Patient Registration

(AG)

Patch 9 Addendum

Version 7.1 Patch 9
November 2010

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

Table of Contents

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.

1.1   Certification Commission for Health Information Technology

National Institute for Standards and Technology (NIST) is the organization identified by the Office of the National Coordinator (ONC) to create the test for Electronic Health Record (EHR) certification. Certification Commission for Health Information Technology (CCHIT) and other Authorized Testing and Certification Bodies (ATCB) will proctor the tests to EHR programs to validate them. CCHIT may also add additional requirements for testing–we won't know until (a) the Centers for Medicare and Medicaid Services (CMS) finalized their guidelines, (b) ONC finalized theirs, (c) NIST completes the requirements for testing, and (d) CCHIT creates their testing requirements.

1.2   Meaningful Use

Meaningful Use (MU) is a new health initiative project assigned to the ONC and the CMS. The ONC is creating criteria for what an EHR should be able to do. CMS is creating guidelines EHR uses in the healthcare system.

To achieve MU, healthcare providers and hospitals must meet the following criteria created by the ONC and CMS: enable a user to electronically record, modify, and retrieve patient demographic data including preferred language, race and ethnicity by eligible professionals, and for eligible hospitals also to include date and cause of death in the event of mortality.

Patient Registration Version 7.1 was released and contained several changes that were needed for the reporting of MU information. The patch included the addition of the new fields shown below. For all of the new fields shown below, warning messages are displayed if values are not entered.

- Primary Language, Other Languages Spoken, and Preferred Language

- Email Address

- Generic Health Permission

- Preferred Method

Other changes were made, including changing "Ethnicity" to a required field and moving of the "Race" prompt to Page 2. This information is also reported as the UDS data to HRSA.

Data for the fields shown below *are* reported for MU, as described below. If you want to demonstrate MU and be eligible for the CMS EHR incentive payments, you must collect information for the fields shown below as often as needed to meet the target of 80%. Otherwise, you will not demonstrate MU and you will not be eligible for the CMS incentives.

Please be aware the targets are based on the CMS proposed rule and may change with the final rule, which we anticipate release.

1. **ETHNICITY:** Ethnicity is part of the demographic data we must collect for at least 80% of patients. Most of our patients do not have Ethnicity values recorded. If a patient does not want to answer the question, there is an option in the Resource and Patient Management System (RPMS) (D-Declined to Answer) that can be entered for the patient. You should enter option U-Unknown by Patient if they do not know their ethnicity.

- HISPANIC OR LATINO   H

- NOT HISPANIC OR LATINO   N

- DECLINED TO ANSWER   D

- UNKNOWN BY PATIENT   U

The list of values for Ethnicity shown above comply with the values developed by the Office of Management and Budget (OMB) when race and ethnicity are collected separately: http://www.whitehouse.gov/omb/assets/information_and_regulatory_affairs/re_app-a-update.pdf.

In case you are not familiar with the MU requirements for collecting demographic data, per Page 1861 of the CMS proposed rule, *all* of the data shown below must be collected for at least 80% of all patients seen/discharged during the reporting period. If you do not collect it for at least 80% of the patients, you will not achieve MU.

- Preferred Language

- Insurance Type

- Gender

- Race

- Ethnicity

- Date of Birth

- Date of Death in the Case of Mortality (hospitals only)

- Cause of Death in the Case of Mortality (hospitals only)

> **Note:** For the last two items shown above that relate to death, the information must be entered for patients admitted to the hospital and die during their stay. There is a field in RPMS called Underlying Cause of Death that that can be entered via ADT.

2. **PREFERRED LANGUAGE:** This information must be collected for at least 80% of patients. There is a large list of values for this field, including languages for the American Indian/Alaska Native (AI/AN) population.

3. **RACE:** This information must be collected for at least 80% of patients. Most patients do not have race values recorded. If a patient does not want to answer the question, there is an option in RPMS (D-Declined to Answer) that can be entered for the patient. If the patient does not know their race, you should enter the U-Unknown by Patient value. As mentioned above, a software change will be made that automatically assigns a value of 3 (American Indian or Alaska Native) to patients with a Beneficiary/Classification value of 01.

The list of values for race shown below comply with the values developed by the OMB when race and ethnicity are collected separately: http://www.whitehouse.gov/omb/assets/information_and_regulatory_affairs/re_app-a-update.pdf.

- American Indian or Alaska Native   3

- Asian   A

- Black or African American   B

- Native Hawaiian or Other Pacific Islander   H

- White   W

- Declined to Answer   D

- Unknown by Patient   U

In addition, in order for the RPMS EHR to be certified, race and ethnicity data must also be reported with the immunization data that is reported to state immunization registries.

1.3   Uniform Data System

The Migrant Worker and Homeless fields were added to Patient Registration (AG) because this information must be reported by Tribal and urban health facilities that receive grant funds for primary care system development programs administered by the Bureau of Primary Health Care (BPHC), and Health Resources and Services Administration (HRSA). The RPMS Uniform Data System (UDS) includes a subset of reports grantees must report annually to HRSA. The report Patients by Zip Code lists homeless patients using the zip code of the reporting facility as a proxy. Migrant patients that live far away from his/her work location are reported using the zip code of the patient's temporary housing location. This information is also reported to the HRSA in reports not currently available in the RPMS UDS.

> **NOTE:** The migrant worker and homeless data are *not* required to be reported for MU.

Patient Registration Version 7.1 was released and contained several changes that were needed to report UDS information by Tribal health centers to the HRSA. The patch included the addition of the new fields shown below. For all of the new fields shown below, warning messages are displayed if values are not entered.

- Migrant Worker
- Homeless

2.0   Version 7.1, Patch 9

New functionality will be integrated into the existing architecture of the existing Patient Registration (AG) functionality. The addition of database fields will be implemented. Additional modifications to Patient Registration version 7.1 will also be implemented.

2.1   Summary of Changes

Patch 9 provides corrections and enhancements to version 7.1 of the Patient Registration application. Patch 9 requires that all previous version 7.1 patches are installed before it can be installed. Patches for version 7.1 contain modifications to the following:

2.1.1   From Patch 9

- H17653–Corrected a problem with queuing the Age Report.

- The SSN Reports Menu has been added back into the Patient Registration menu and the Patient Registration reports menu.

- A new registration parameter has been created for displaying "MIGRANT WORKER" prompts on Page 10 of Patient Registration patient edit. If the parameter is set to Yes, the prompts will be displayed. If the parameter is set to No, the prompts will not be displayed.

- A new registration parameter has been created for displaying "HOMELESS" prompts on Page 10 of Patient Registration patient edit. If the parameter is set to Yes, the prompts will be displayed. If the parameter is set to No, the prompts will not be displayed.

- A new registration parameter has been created for requiring the RACE field to be populated on Page 10 of Patient Registration patient edit. If the parameter is set to Yes and the field is not populated, an error will be displayed and the user will not be allowed to exit the page until the field is populated. If the parameter is set to No and the field is not populated, a warning will be displayed. The Race field will always be displayed on Page 10.

- A new registration parameter has been created for printing Race on the Face Sheet. If the parameter is set to Yes, Race will be printed.

- A new registration parameter has been created for requiring the ETHNICITY field to be populated on Page 10 of Patient Registration patient edit. If the parameter is set to Yes and the field is not populated, an error will be displayed and the user will not be allowed to exit the page until the field is populated. If the parameter is set to No and the field is not populated, a warning will be displayed.

- The parameter to "Print Ethnicity on Face Sheet?" will be moved below Ethnicity required parameter.

- A new registration parameter has been created for requiring the PRIMARY LANGUAGE field to be populated on Page 10 of Patient Registration patient edit. If the parameter is set to Yes and the field is not populated, an error will be displayed and the user will not be allowed to exit the page until the field is populated. If the parameter is set to No and the field is not populated, a warning will be displayed.

- A new registration parameter has been created for requiring the PREFERRED LANGUAGE field to be populated on Page 10 of Patient Registration patient edit. If the parameter is set to Yes and the field is not populated, an error will be displayed and the user will not be allowed to exit the page until the field is populated. If the parameter is set to No and the field is not populated, a warning will be displayed. This field will also be displayed on the patient's face sheet.

- Six new fields have been added to the Third Party Liability page in Patient Registration patient edit. They are CLAIM NUMBER, DATE LAST WORKED, DISABILITY START DATE, DISABILITY END DATE, DATE AUTHORIZED RETURN TO WORK, and CONTACT INFO. These fields will be included in a new Claim Information section at the bottom of the page.

- Five new fields have been added to the Workman's Compensation page in Patient Registration patient edit. They are DATE LAST WORKED, DISABILITY START DATE, DISABILITY END DATE, DATE AUTHORIZED RETURN TO WORK, and CONTACT INFO. These fields will be included in a new Claim Information section at the bottom of the page. In addition to the new fields, existing fields of CLAIM FILED, CLAIM STATUS, and CLAIM # will be moved to this section.

- An application programming interface (API) has been created for editing the Preferred Method, Preferred Language, and Email Address fields on Page 10 of Patient Registration patient edit.

- The patient's Preferred Method and Preferred Language will now be displayed on the patient's Face Sheet.

- As part of the post-installation process for this patch, all patients whose CLASSIFICATION/BENEFICIARY is defined as "Indian/Alaska Native" the RACE field will auto populate with "American Indian or Alaska Native", if the field has not been populated.

- A correction has been made to the Patient Information Management System(PIMS) Registration process that will prevent the premature and incorrect processing of patient activity at multidivisional sites where a patient is being accessed by more than one division at the same time.

- A correction has been made to the site registration options process where, when editing a site within a multidivisional site that is not the user's default site, the user's default site was also modified with the settings designated for the non-default site. This has been corrected.

2.1.1.1 Options to Display Migrant Worker or Homeless in Patient Edit

In Site Registration Parameters, you now have the option of displaying Migrant Worker or Homeless information on Page 10 of Patient Registration edit.

```
Prnt how many ADDIT INFO lines: L10//
Print HX ADDRESS INFO: NO//
HX ADDRS FACE SHEET DIS LIMIT: 1//
Disp MIGRANT WORKER: YES// N  NO
Disp HOMELESS: YES// N  NO
Disp # HSHLD,HSHLD INC: YES//
Prnt # HSHLD,HSHLD INC: YES//
PRINT VALID STMT ON FACESHEET: NO//
```
Figure 2-1: Setting the options to No

```
IHS REGISTRATION EDITOR  (page 10)                           DEMO HOSPITAL
================================================================================
PATIENT,TEST                  (upd:SEP 21, 2010)       HRN:113358 CHS & DIRECT
================================================================================
                           Other Patient Data
1. Ethnicity.............: UNKNOWN BY PATIENT
2. Race..................: AMERICAN INDIAN OR ALASKA NATIVE
3. Primary Language......: ENGLISH                 Interpreter required?
    Other languages spoken: ENGLISH
4. Preferred Language....: ENGLISH
--------------------------------------------------------------------------------
5. Internet Access.......: YES  Where: H, L                 (upd SEP 14,2010)
6. EMAIL ADDRESS.........: 123456@EMAIL.NET
7. GENERIC HEALTH PERMISSION: YES     8. PREFERRED METHOD: EMAIL
--------------------------------------------------------------------------------
9. Number in Household...: 5
10. Total Household Income: 12000        /  YEAR
--------------------------------------------------------------------------------
================================================================================
CHANGE which item? (1-12) NONE//:
```
Figure 2-2: When set to No, the fields are not displayed

```
Prnt how many ADDIT INFO lines: L10//
Print HX ADDRESS INFO: NO//
HX ADDRS FACE SHEET DIS LIMIT: 1//
Disp MIGRANT WORKER: NO// Y  YES
Disp HOMELESS: NO// Y  YES
Disp # HSHLD,HSHLD INC: YES//
Prnt # HSHLD,HSHLD INC: YES//
PRINT VALID STMT ON FACESHEET: NO//
```
Figure 2-3: Setting the options to Yes

```
IHS REGISTRATION EDITOR  (page 10)                           DEMO HOSPITAL
================================================================================
PATIENT,TEST                  (upd:SEP 21, 2010)       HRN:113358 CHS & DIRECT
================================================================================
```

```
                         Other Patient Data
1. Ethnicity.............: UNKNOWN BY PATIENT
2. Race..................: AMERICAN INDIAN OR ALASKA NATIVE
3. Primary Language......: ENGLISH                  Interpreter required?
     Other languages spoken: ENGLISH
4. Preferred Language....: ENGLISH
--------------------------------------------------------------------------------
5. Migrant Worker?.......: YES  Type: SEASONAL AGRICULTURAL W  (upd SEP 21,2010)
6. Homeless?.............: YES  Type: UNKNOWN                  (upd SEP 21,2010)
--------------------------------------------------------------------------------
7. Internet Access.......: YES  Where: H, L                   (upd SEP 14,2010)
8. EMAIL ADDRESS.........: 12345@EMAIL.NET
9. GENERIC HEALTH PERMISSION: YES    10. PREFERRED METHOD: EMAIL
--------------------------------------------------------------------------------
11. Number in Household...: 5
12. Total Household Income: 12000        /  YEAR
--------------------------------------------------------------------------------
================================================================================
CHANGE which item? (1-12) NONE//:
```
Figure 2-4: When set to Yes, the fields are displayed

2.1.1.2 Options to Require Race, Ethnicity, Primary Language, or Preferred Language in Patient Edit

In Site Registration Parameter, you now have the option of making Race, Ethnicity, Primary Language, or Preferred Language required on Page 10 of Patient Registration edit.

```
      Require entry of field ETHNICITY ?
REQUIRED?: YES//
Print Ethnicity on Face Sheet?: NO// Y  YES
      .      .      .
      .      .      .
      Require entry of field RACE ?
REQUIRED?: NO// Y  YES
      .      .      .
      .      .      .
      Require entry of field PREFERRED LANGUAGE ?
REQUIRED?: NO// Y  YES
      Require entry of field PRIMARY LANGUAGE ?
REQUIRED?: NO// Y  YES
```
Figure 2-5: Setting the options to Yes

```
IHS REGISTRATION EDITOR  (page 10)                         DEMO HOSPITAL
================================================================================
PATIENT,TEST                (upd:SEP 21, 2010)      HRN:113358 CHS & DIRECT
================================================================================
                         Other Patient Data
1. Ethnicity.............:
2. Race..................:
3. Primary Language......:                        Interpreter required?
     Other languages spoken:
4. Preferred Language....:
--------------------------------------------------------------------------------
5. Internet Access.......: YES  Where: H, L                   (upd SEP 14,2010)
6. EMAIL ADDRESS.........: 12345@EMAIL.NET
7. GENERIC HEALTH PERMISSION: YES    8. PREFERRED METHOD: EMAIL
--------------------------------------------------------------------------------
```

```
9. Number in Household...: 5
10. Total Household Income: 12000        /  YEAR
-------------------------------------------------------------------------------
***ERROR   049: Patient's Preferred Language incomplete or not in patient's list
 of languages
***ERROR   050: Patient's Primary Language, Proficiency or Interpreter Required
incomplete
***ERROR   051: Patient's Ethnicity/Method of Collection incomplete
***ERROR   052: Patient's RACE incomplete
===============================================================================
CHANGE which item? (1-12) NONE//:
```

Figure 2-6: When the options are set to Yes, the user will receive an error for any of the required fields not populated. The errors must be corrected before exiting.

```
        Require entry of field ETHNICITY ?
REQUIRED?: NO//
Print Ethnicity on Face Sheet?: YES// N  NO
        .      .      .
        .      .      .
        Require entry of field RACE ?
REQUIRED?: YES// N  NO
        .      .      .
        .      .      .
        Require entry of field PREFERRED LANGUAGE ?
REQUIRED?: YES// N  NO
        Require entry of field PRIMARY LANGUAGE ?
REQUIRED?: YES// N  NO
```

Figure 2-7: Setting the options to No

```
IHS REGISTRATION EDITOR  (page 10)                          DEMO HOSPITAL
===============================================================================
PATIENT,TEST                 (upd:SEP 21, 2010)       HRN:113358 CHS & DIRECT
===============================================================================
                         Other Patient Data
1. Ethnicity............:
2. Race................:
3. Primary Language......:                      Interpreter required?
    Other languages spoken:
4. Preferred Language....:
-------------------------------------------------------------------------------
5. Internet Access......: YES  Where: H, L                 (upd SEP 14,2010)
6. EMAIL ADDRESS........: 12345@EMAIL.NET
7. GENERIC HEALTH PERMISSION: YES     8. PREFERRED METHOD: EMAIL
-------------------------------------------------------------------------------
9. Number in Household...: 5
10. Total Household Income: 12000        /  YEAR
-------------------------------------------------------------------------------
***WARNING 038: Patient's Ethnicity/Method of Collection incomplete
***WARNING 041: Patient's Primary Language, Proficiency or Interpreter Required
incomplete
***WARNING 042: Patient's Preferred Language incomplete or not in patient's list
 of languages
***WARNING 053: Patient's RACE incomplete
===============================================================================
CHANGE which item? (1-12) NONE//:
```

Figure 2-8: When the options are set to No, the user will receive a warning for any of the required fields not populated. The warnings do not have to be corrected before exiting.

2.1.1.3   New Claim Information Section for Third Party Liability in Patient Edit

A new section containing claim information has been added to the Third Party Liability screen in Patient Registration edit.

```
IHS REGISTRATION EDITOR                                        DEMO HOSPITAL
===============================================================================
PATIENT,TEST                (upd:SEP 21, 2010)       HRN:113358 CHS & DIRECT
===============================================================================
THIRD PARTY LIABILITY
-------------------------------------------------------------------------------
1.   TPL INJURY DATE: JAN 01, 2010      3.CAUSE: FALL
2.   DESCRIPTION....: HANGNAIL
-RESPONSIBLE PARTY-------------------------------------------------------------
4.   NAME..........: JONES,MIKE            5. SOCIAL SECURITY NO: 123-45-4545
6.   INSURANCE COVERAGE: TPL SERVICES, INC
-COVERAGE DATA-----------------------------------------------------------------
7.   EFFECTIVE DATE.: JAN 01, 2010       8.ENDING DATE.: DEC 31, 2010
9.   GROUP NAME.....: AFLAX                GROUP NUMBER: AFLAX
10. POLICY NUMBER..: 123454323          11.PATIENT'S ATTORNEY: JANE,JOHN
-CLAIM INFORMATION-------------------------------------------------------------
12. CLAIM #: 11223344                   13.DATE LAST WORKED: JAN 07, 2010
14. DISABILITY START DATE: JAN 10, 2010 15. DISABILITY END DATE: JAN 11, 2010
16. DATE AUTHORIZED RETURN TO WORK: JAN 12, 2010
17. CONTACT INFO: PATIENT CONTACT 222-233-4444
-------------------------------------------------------------------------------
18. NOTES:
-------------------------------------------------------------------------------
-------------------------------------------------------------------------------
Last edited by: USER,TEST on Sep 21, 2010
===============================================================================
CHANGE which item? (1-18) NONE// :
```

Figure 2-9: Third Party Liability screen

2.1.1.4   New Claim Information Section for Workman's Compensation in Patient Edit

A new section containing claim information has been added to the Workman's Compensation screen in Patient Registration edit.

```
IHS REGISTRATION EDITOR                                        DEMO HOSPITAL
===============================================================================
PATIENT,TEST                (upd:SEP 21, 2010)       HRN:113358 CHS & DIRECT
===============================================================================
WORKMAN'S COMPENSATION
-------------------------------------------------------------------------------
1. WC INJURY DATE: JUL 01, 2010          2.TYPE OF ACCIDENT: FALL
3. DESCRIPTION OF INJURY: STUBBED TOE
EMPLOYER DATA------------------------------------------------------------------
4. EMPLOYER: UNEMPLOYED
ATTORNEY DATA------------------------------------------------------------------
5. NAME OF PATIENT'S ATTORNEY: JONES,MIKE
INSURANCE COVERAGE-------------------------------------------------------------
6. WORKMAN'S COMP ENTITY: ISIS WORKMAN'S COMP
7. GROUP NAME: 123421P                      GROUP NUMBER: 123421P
8. EFFECTIVE COVERAGE DATE: JAN 01, 2010   9.EXPIRATION DATE: DEC 31, 2010
CLAIM INFORMATION--------------------------------------------------------------
10. CLAIM FILED: YES                        11. CLAIM STATUS: PENDING
```

```
12. CLAIM NUMBER: 12343434              13. DATE LAST WORKED: JAN 04, 2010
14. DISABILITY START DATE: JAN 05, 2010    15. DISABILITY END DATE: JAN 05, 2010
16. DATE AUTHORIZED RETURN TO WORK: JAN 05, 2010
17. CONTACT INFO: PATIENT CONTACT 222-333-4445
--------------------------------------------------------------------------------
18. NOTES:
--------------------------------------------------------------------------------
--------------------------------------------------------------------------------
Last edited by: USER,TEST on Sep 21, 2010
================================================================================
CHANGE which item? (1-18) NONE// :
```

Figure 2-10: Workman's Compensation screen

2.1.1.5   Preferred Language and Preferred Method Will Now be Displayed on Face Sheet

The patient's Preferred Language and Preferred Method will now be displayed on the patient's Face Sheet.

```
                 *** CONFIDENTIAL PATIENT INFORMATION ***
                              DEMO HOSPITAL
                        AMBULATORY CARE RECORD BRIEF
                        -----------------------------
SEP 21, 2010@11:17:39                                              Page: 1
================================================================================
PATIENT: PATIENT,TEST                                      CHART #: 113358
================================================================================
COMPUTER FILE EST: JAN 03, 1985          LAST EDIT: SEP 21, 2010 (XYZ)
--------------------------------------------------------------------------------
SSN: XXX-XX-7802                     SSN STATUS: Verified by SSA
CLASS: INDIAN/ALASKA NATIVE                              SEX: MALE
COMMUNITY: PAINTTOWN                            BIRTHDAY: MAY 30, 1971
  COUNTY: JACKSON                                  AGE: 39 YRS
CURRENT ADDRESS:
    PO BOX 23456
    APT 1A
    SOMEPLACE, NORTH CAROLINA 28719
PHONE NUMBERS ---
HOME: 555-555-8989        WORK:
OTHER PHONE:
RACE: AMERICAN INDIAN OR ALASKA NATIVE    ETHNICITY: UNKNOWN BY PATIENT
PREFERRED LANGUAGE: ENGLISH                      PREFERRED METHOD: EMAIL
CURRENT EMAIL ADDRESS: 12345@EMAIL.NET
NUMBER IN HOUSEHOLD: 5        TOTAL HOUSEHOLD INCOME: 12000 /  YEAR
--------------------------------------------------------------------------------
NOTICE OF PRIVACY PRACTICES REC'D BY PATIENT : YES    DATE : AUG 19, 2004
ACKNOWLEDGEMENT OF RECEIPT OF NPP SIGNED : YES
--------------------------------------------------------------------------------
TRIBE: 13TH REGIONAL CORPORATION              INDIAN QUANTUM: 1/2
BIRTHPLACE: SOMEPLACE, NORTH CAROLINA
RELIGION:                                  TRIBE ENROLL #: TN - 4445
--------------------------------------------------------------------------------
OTHER TRIBES:                              QUANTUM:
    SOMETRIBE-SHAWNEE DUAL ENROLLMENT            1/2
    SOMETRIBE-DELAWARE                           1/2
--------------------------------------------------------------------------------
FATHER: PATIENT,FATHER                     BIRTHPLACE: ANYPLACE NC
MOTHER: PATIENT,MOTHER                     BIRTHPLACE: AUSABLE FORKS NY
--------------------------------------------------------------------------------
```

```
EM CONTACT: PATIENT,MOTHER   (MOTHER)                    EM PHONE:
EM ADDRESS:
--------------------------------------------------------------------------------
NEXT-OF-KIN: PATIENT,MOTHER   (MOTHER)                   NOK PHONE:
NOK ADDRESS:
--------------------------------------------------------------------------------
                        *** THIRD PARTY ELIGIBILITY ***
MEDICARE:
TYPE              NUMBER                  ELIG. DATE    ELIG. END DATE
A                 123456568A              JAN 01, 2010
   NAME: PATIENT,TEST
   DATE OF BIRTH: MAY 30, 1971
--------------------------------------------------------------------------------
PRIVATE INSURANCE:
INS. COMPANY              NUMBER          ELIG. DATE    ELIG. END DATE
--------------------------------------------------------------------------------
THE PATIENT IS ALSO REGISTERED AT:
INDIAN HOSPITAL                     CHART #: 113357
HEALTH & MEDICAL DIV                CHART #: 113359
--------------------------------------------------------------------------------
PATIENT'S EMPLOYER: FIRST AMERICAN BANK
                    EMP ADDRESS
                    EMP CITY, AZ  12345
--------------------------------------------------------------------------------
    ***  ELIGIBILITY FOR CARE: CHS & DIRECT  ***
                    *** CONFIDENTIAL PATIENT INFORMATION ***
```

Figure 2-11: Patient Face Sheet

2.1.2   From Patch 8

- A new security key, AGZCREOPN, has been created. This key is required for re-opening closed cases on Page 5 of Patient Registration edit.

- In Patient Registration edit, Page 2, new fields have been added for father's email address, cell phone number, alternate phone number and mother's email address, cell phone number, and alternate phone number.

  - Alternate Phone. Patients often have more than one phone number. Sometimes it is a work number or a cell phone number. This field allows for the documentation of a second number that the patient may be reached.

  - Parent's Phone Number: Father/Mother's Cell Phone. This is a field that has been included in some EHR certification requirements. Since mobile phones are becoming much more prevalent, it is important that this field be available when collecting contact information. The purpose is to add the opportunity for documenting the parent's cell phone with the other demographic information that is collected during the registration process; - this was needed in CCHIT, but is currently not required by NIST.

  - Patient Cell Phone Number. Patients often have more than one phone number. Sometimes it is a work number or a cell phone number. This field allows for the documentation of a second number that the patient may be reached. This was needed in CCHIT, but is currently not required by NIST.

- E-mail is a convenient form of communication for many people. Practitioners working on the IHS network will have the ability to send secure and encrypted e-mail messages. The purpose of collecting the patient's e-mail address is to initially have the ability to provide the patient with appropriate general information (such as a handout). In the future, e-mail may be used to communicate with the patient by the patient's health care team. E-mail address NIST test procedure 170.304(d)-1.

- In Patient Registration edit, Page 10, new fields have been added asking permission from the patient to send generic health information to his/her email address and for the patient's referred method for receiving reminders (phone, email, or mail). Mobile phone under internet access: The use of smart phone technology has been increasing and many phones enable access to the Internet. The purpose of identifying whether patients access the Internet using their mobile phone is to help the Indian Health Service (IHS) determine the need for developing tools such as the Personal Health Record (PHR) that can be accessed by these types of devices. The prompt for where a patient accesses the internet can now contain multiple values. Does your doctor have permission to contact you by email about your health information? This will let clinicians know whether they can or cannot contact the patient by email to provide information such as lab results or upcoming appointments. Patients will have the option to not be contacted at all, to receive generic health information, or to receive personalized e-mails from their health care team.

  - Preferred method for receiving reminders: This is a requirement for EHR certification and meaningful use. The purpose of this question is to find out how patients would like to receive various reminders such as upcoming appointments. The goal is to enable patients to choose whether they receive these messages using paper (such as mail) or electronically (such as e-mail). Preferred method for receiving reminders - NIST test procedure 170.304(d)-1.

- A new Patient Age report has been created to replace the Patients 65 and Over and Patients 18 and Under reports. This report includes exclusion parameters for location, alternate resources, activity date range, age range (0–18, 19–64, 65–95), and eligibility status. The menu option for this report is AGE and will be included in the Reports Menu.

- A new Patient Email Listing has been created to include the patient record number, name, email address, where email is accessed from, and permission (Yes or No) to send that patient information emails. This report includes date parameters for last update and appointment date. The menu option for this report is EML and will be include in the Reports Menu.

- Two new registration parameters, DAYS TO KEEP MPI HLO MESSAGES and LOCAL LISTENER PORT FOR MPI, have been created for the Master Patient Index (MPI).

- In Patient Registration, Add a Patient, the "Select BENEFICIARY NAME" prompt is changed to "Select CLASSIFICATION/BENEFICIARY."

- In Patient Registration edit, Page 1, the CURRENT COMMUNITY field is now required. An error will be generated if not populated. Users assigned the AGZMGR security key will be allowed to delete historical entries for this field. When editing this field, the CURRENT COMMUNITY name will now also be displayed along with the entry date.

- In Patient Registration edit, Page, 4, the Prim Care Prov field label has changed to PCP and the Card Name field label has changed to CD Name. Both fields align with field 10.

- In the Private Insurance screen on Page 4 of the Patient Registration edit and on the Patient Face Sheet, when the member number field is blank, the policy holder number will be displayed.

- In Patient Registration edit, the patient's email address was moved from Page 1 to Page 10.

- In Patient Registration edit, Page 10, error messages requiring the patient's Ethnicity/Method of Collection; Migrant Worker information; Homeless information; Primary Language, Proficiency or Interpreter Required information; and patient's Preferred Language have been replaced by warnings. This information is no longer required.

- The Medicare Secondary Payer (MSP) survey now exits when the system prompts to stop the survey or when the user responds to a prompt with a "^".

- The Benefits Coordinator Productivity by Coordinator (BCPC) report now includes subtotals for application type and status for each coordinator.

2.1.2.1   CLASSIFICATION/BENEFICIARY Prompt in Add a Patient

In Patient Registration, Add a New Patient, the "Select BENEFICIARY NAME" prompt was replaced by "Select CLASSIFICATION/ BENEFICIARY."

```
Enter the PATIENT'S NAME: PATIENT,TEST
ARE YOU ADDING 'PATIENT,TEST' AS A NEW PATIENT (THE 27604TH)? No// Y  (Yes)
Enter complete middle name if known or press <return> to add as entered: :
PATIENT SEX: M MALE
PATIENT DATE OF BIRTH: 11/11/1991  (NOV 11, 1991)
PATIENT SOCIAL SECURITY NUMBER: 123456789

...searching for potential duplicates..

No potential duplicates have been identified.

...adding new patient

Enter the CHART NUMBER: 12345

Select CLASSIFICATION/BENEFICIARY: INDIAN/ALASKA NATIVE//    01

TRIBE OF MEMBERSHIP:
```

Figure 2-12: Adding a new patient in Patient Registration

2.1.2.2 Current Community Now Required in Patient Edit

In Patient Registration edit, Page 1, the CURRENT COMMUNITY field is now required. An error will be generated if not populated. Users assigned the AGZMGR security key will be allowed to delete historical entries for this field. When editing this field, the CURRENT COMMUNITY name will now also be displayed along with the entry date.

Example 1–Showing the current community (along with the entry date) and an attempted delete by a user who does not hold the AGZMGR security key:

```
IHS REGISTRATION EDITOR  (page 1)                            DEMO HOSPITAL
==============================================================================
PATIENT,TEST               (upd:JUN 22, 2010)        HRN:103269
==============================================================================
 1.      ELIGIBILITY STATUS : CHS & DIRECT
 2.          DATE OF BIRTH : 09/05/1930
 3.   PLACE OF BIRTH [CITY] : SOMEPLACE      4.ST : NC
 5.                    SEX : FEMALE
 6.   SOCIAL SECURITY NUMBER : 784273875(Not yet verified by the SSA)
 7.          MARITAL STATUS : MARRIED
 8.       CURRENT COMMUNITY : CHEROKEE
------------------------------------------------------------------------------
 9. STREET ADDRESS [LINE 1] : PO BOX 521
 10.STREET ADDRESS [LINE 2] :
 11.STREET ADDRESS [LINE 3] :
 12.                   CITY : SOMEPLACE      13.ST : NC 14. ZIP CODE : 28719
 15.        LOCATION OF HOME :
------------------------------------------------------------------------------
 16.PHONE NUMBER [RESIDENCE] : 1234567890    17.WORK PHONE :
 18.          OTHER PHONE :
------------------------------------------------------------------------------
==============================================================================
CHANGE which item? (1-18) NONE//: 8
Select DATE MOVED: JUN 1,2010// ?
    Answer with PREVIOUS COMMUNITY DATE MOVED
   Choose from:
   3100302        MAR 02, 2010     BIRD
   3100401        APR 01, 2010     BIRDTOWN
   3100501        MAY 01, 2010     BIG COVE
   3100601        JUN 01, 2010     CHEROKEE

       You may enter a new PREVIOUS COMMUNITY, if you wish
       TYPE A DATE BETWEEN 1890 AND TODAY

     Examples of Valid Dates:
       JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057
       T  (for TODAY),  T+1 (for TOMORROW),  T+2,  T+7,  etc.
       T-1 (for YESTERDAY),  T-3W (for 3 WEEKS AGO), etc.
     If the year is omitted, the computer uses CURRENT YEAR.  Two digit year
       assumes no more than 20 years in the future, or 80 years in the past.
     You may omit the precise day, as:  JAN, 1957
Select DATE MOVED: JUN 1,2010// @??
Select DATE MOVED: JUN 1,2010//
```

Figure 2-13: Current Community (along with the entry date) attempted delete by user who does not hold the AGZMGR security key

Example 2–Showing the current community (along with the entry date) and a delete by a user who holds the AGZMGR security key:

```
IHS REGISTRATION EDITOR   (page 1)                              DEMO HOSPITAL
================================================================================
PATIENT,TEST                 (upd:JUN 22, 2010)        HRN:103269
================================================================================
 1.        ELIGIBILITY STATUS : CHS & DIRECT
 2.            DATE OF BIRTH : 09/05/1930
 3.    PLACE OF BIRTH [CITY] : SOMEPLACE      4.ST : NC
 5.                      SEX : FEMALE
 6.   SOCIAL SECURITY NUMBER : 784273875(Not yet verified by the SSA)
 7.           MARITAL STATUS : MARRIED
 8.        CURRENT COMMUNITY : CHEROKEE
--------------------------------------------------------------------------------
 9. STREET ADDRESS [LINE 1] : PO BOX 521
10.STREET ADDRESS [LINE 2] :
11.STREET ADDRESS [LINE 3] :
12.                    CITY : SOMEPLACE      13.ST : NC 14. ZIP CODE : 28719
15.        LOCATION OF HOME :
--------------------------------------------------------------------------------
16.PHONE NUMBER [RESIDENCE] : 1234567890    17.WORK PHONE :
18.           OTHER PHONE :
--------------------------------------------------------------------------------
================================================================================
CHANGE which item? (1-18) NONE//: 8
Select DATE MOVED: JUN 1,2010// ?
   Answer with PREVIOUS COMMUNITY DATE MOVED
   Choose from:
   3100302        MAR 02, 2010     BIRD
   3100401        APR 01, 2010     BIRDTOWN
   3100501        MAY 01, 2010     BIG COVE
   3100601        JUN 01, 2010     CHEROKEE

       You may enter a new PREVIOUS COMMUNITY, if you wish
       TYPE A DATE BETWEEN 1890 AND TODAY

     Examples of Valid Dates:
       JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057
       T   (for TODAY),  T+1 (for TOMORROW),  T+2,  T+7,  etc.
       T-1 (for YESTERDAY),  T-3W (for 3 WEEKS AGO), etc.
     If the year is omitted, the computer uses CURRENT YEAR.  Two digit year
       assumes no more than 20 years in the future, or 80 years in the past.
     You may omit the precise day, as:  JAN, 1957
Select DATE MOVED: JUN 1,2010// @
   SURE YOU WANT TO DELETE THE ENTIRE DATE MOVED? Y  (Yes)
Select DATE MOVED: MAY 1,2010//
```

Figure 2-14: Current Community (along with the entry date) and delete by user who holds the AGZMGR security key

```
IHS REGISTRATION EDITOR  (page 1)                             DEMO HOSPITAL
=============================================================================
PATIENT,TEST                 (upd:JUN 08, 2010)        HRN:124712
=============================================================================
 1.        ELIGIBILITY STATUS : DIRECT ONLY
 2.            DATE OF BIRTH : 03/20/1956
 3.    PLACE OF BIRTH [CITY] : ASHEVILLE        4.ST : NC
 5.                      SEX : FEMALE
 6.   SOCIAL SECURITY NUMBER : XXX-XX-0209(Verified by SSA)
 7.          MARITAL STATUS : MARRIED
 8.       CURRENT COMMUNITY :
-----------------------------------------------------------------------------
```

```
 9. STREET ADDRESS [LINE 1] : PO BOX 123
 10.STREET ADDRESS [LINE 2] :
 11.STREET ADDRESS [LINE 3] :
 12.                    CITY : MARBLE      13.ST : NC   14. ZIP CODE : 28905
 15.      LOCATION OF HOME :
 --------------------------------------------------------------------------------
 16.PHONE NUMBER [RESIDENCE] : 555-555-9653  17.WORK PHONE :
 18.          OTHER PHONE :
 --------------------------------------------------------------------------------
 ***ERROR   048: Patient's Current Community is missing
 ================================================================================
 CHANGE which item? (1-18) NONE//:
```

Figure 2-15: New Error Message on Page 1 for Current Community

2.1.2.3   Parent's Email Address, Cell Phone Number, and Phone Number

On Page 2 of Patient Registration edit, fields were added for father's email address, cell phone number, alternate phone number and mother's email address, cell phone number, and alternate phone number.

```
IHS REGISTRATION EDITOR  (page 2)                      DEMO HOSPITAL
======================================================================
PATIENT, TEST          (upd:MAY 25, 2010)    HRN:110368 CHS & DIRECT
======================================================================
                  Religion/Tribal Data/Employment
1.      RELIGIOUS PREFERENCE :
2. CLASSIFICATION/BENEFICIARY : INDIAN/ALASKA NATIVE
3.       TRIBE OF MEMBERSHIP : SOMETRIBE INDIANS, EASTERN BAND, NM
4. TRIBE QUANTUM : 11/16            5. INDIAN BLOOD QUANTUM : 11/16
6.     TRIBAL ENROLLMENT NO. : TN - 3447
7.             OTHER TRIBE :  * NONE LISTED *
----------------------------------------------------------------------
8. FATHER'S NAME : PATIENT,FATHER        9. CELL PHONE:XXX-XXX-XXXX
10. EMAIL ADDRESS: dad@xyz.com           11.ALT.PHONE: XXX-XXX-XXXX
12. MOTHER'S MAIDEN NAME : PATIENT,MOTHER 13.CELL PHONE: XXX-XXX-XXXX
14. EMAIL ADDRESS: mom@xyz.com           15.ALT.PHONE: XXX-XXX-XXXX
----------------------------------------------------------------------
16.            EMPLOYER NAME : FIRST AMERICAN BANK
17.     SPOUSE'S EMPLOYER NAME :
18.     FATHER'S EMPLOYER NAME :
19.     MOTHER'S EMPLOYER NAME :
----------------------------------------------------------------------
======================================================================
CHANGE which item? (1-19) NONE//:
```

Figure 2-16: New fields on Page 2 of IHS PATIENT REGISTRATION EDITOR

2.1.2.4   Renamed Fields on the Private Insurance Screen

In the Private Insurance page of the IHS REGISTRATION EDITOR (Page 4), the "Prim Care Prov" prompt changed to "PCP" (Item 7) and the "Card Name" prompt changed to "CD Name" (Item 8) Both prompts now align with "Employer" (Item 10).

```
IHS REGISTRATION EDITOR       Private Insurance        DEMO HOSPITAL
======================================================================
PATIENT,TEST            (upd:MAY 25, 2010) HRN#:494949   (PENDING VERIFICATION)
======================================================================
1) Policy Holder.: PATIENT,TEST                 |5) Gender (M/F): M
2) Policy or SSN.: 123456789                     |6) Date of Birth: 6/14/1977
3) Effective Date: FEB 03, 2010       |7)  PCP:
4) Expire Date...:                     |8)  CD Name:
-HOLDER'S EMPLOYER INFO----------------------------------------------
9) Status........: UNKNOWN             |10) Employer:
-INSURER INFORMATION-------------------------------------------------
 INSCO                                 |11) Grp Name:
   P.O. BOX 1234                       |    Grp Number:
   DEARBORN, MICHIGAN 12345            |12) Coverage:
   (800)8888-8888     Ins. Type: P     |13) CCopy:
----Policy Members----PC-----Member #------HRN-----Rel----------From/Thru-------
14) PATIENT,TEST            123456789      123456  SELF    2/3/2010
--------------------------------------------------------------------
Last edited by: XXXXXXXX,XXXX on May 25, 2010
======================================================================
ENTER ACTION (<E>dit Data,<A>dd Member,<D>elete Member,<V>iew/Edit PH Addr):
```

Figure 2-17: Renamed fields on the Private Insurance screen.

2.1.2.5   New Fields on Page 10 of the IHS PATIENT REGISTRATION EDITOR

The patient's email address field moved from Page 1 to Page 10 of the IHS REGISTRATION EDITOR, Item 8.

- New fields are now in place asking permission from the patient to send generic health information (Item 9) to his/her email address, and for the patient's preferred method (Item 10) for receiving reminders (phone, email, or mail) (preferred method for receiving reminders–NIST test procedure 170.304(d)-1). In addition, the Internet Access field (Item 7) can now contain multiple values. Mobile Device has been added to the list of choices for access to the internet fields. In the example below, Item 7 is updated to include home and mobile device internet access. When this item is updated, Page 10 displays abbreviations for internet access:

- H   HOME

- W   WORK

- S   SCHOOL

- HC   HEALTH CARE FACILITY

- L   LIBRARY

- T   TRIBAL/COMMUNITY CENTER

- M   MOBILE DEVICE

```
IHS REGISTRATION EDITOR  (page 10)                      DEMO HOSPITAL
====================================================================
PATIENT,TEST          (upd:MAY 25, 2010)     HRN:494949 PEND. VERIF
====================================================================
                         Other Patient Data
1. Ethnicity.............: HISPANIC OR LATINO
2. Race..................: UNKNOWN BY PATIENT
3. Primary Language......: ENGLISH          Interpreter required?
     Other languages spoken:
4. Preferred Language....: ENGLISH


--------------------------------------------------------------------
5. Migrant Worker?.......: YES  Type: MIGRANT (upd MAY 25,2010)
6. Homeless?.............: NO   Type:         (upd MAY 25,2010)
--------------------------------------------------------------------


7. Internet Access.......:       Where:         (upd APR 22,2010)
8. EMAIL ADDRESS.........:
9. GENERIC HEALTH PERMISSION:        10. PREFERRED METHOD:


--------------------------------------------------------------------
11. Number in Household...:
12. Total Household Income:              /
--------------------------------------------------------------------
====================================================================
CHANGE which item? (1-12) NONE//: 7
CAN YOU ACCESS THE INTERNET: Y  YES
Select INTERNET ACCESS METHOD: HOME  (H   HOME)
Select INTERNET ACCESS METHOD: MOBILE  (M   MOBILE DEVICE)
Select INTERNET ACCESS METHOD:
```

Figure 2-18: Editing the Internet Access fields.

```
IHS REGISTRATION EDITOR  (page 10)                      DEMO HOSPITAL
====================================================================
PATIENT,TEST          (upd:MAY 25, 2010)     HRN:494949 PEND. VERIF
====================================================================
                         Other Patient Data
1. Ethnicity.............: HISPANIC OR LATINO
2. Race..................: UNKNOWN BY PATIENT
3. Primary Language......: ENGLISH             Interpreter required?
     Other languages spoken:
4. Preferred Language....: ENGLISH
--------------------------------------------------------------------
5. Migrant Worker?.......: YES  Type: MIGRANT (upd MAY 25,2010)
6. Homeless?.............: NO   Type:         (upd MAY 25,2010)
--------------------------------------------------------------------
7. Internet Access.......: YES  Where: H, M   (upd MAY 25,2010)
8. EMAIL ADDRESS.........:
9. GENERIC HEALTH PERMISSION:        10. PREFERRED METHOD:
11. Number in Household...:
12. Total Household Income:              /
--------------------------------------------------------------------
====================================================================
CHANGE which item? (1-12) NONE//: 8

CURRENT EMAIL ADDRESS: myemail@abc.com
Should this new email address be added to the historical addresses? Y// YES
Adding to PREVIOUS EMAIL FIELD....
```

Figure 2-19: Editing the patient's e-mail address

```
IHS REGISTRATION EDITOR  (page 10)                      DEMO HOSPITAL
======================================================================
PATIENT,TEST         (upd:MAY 25, 2010)      HRN:494949 PEND. VERIF
======================================================================
                         Other Patient Data
1. Ethnicity.............: HISPANIC OR LATINO
2. Race..................: UNKNOWN BY PATIENT
3. Primary Language......: ENGLISH           Interpreter required?
    Other languages spoken:
4. Preferred Language....: ENGLISH
----------------------------------------------------------------------
5. Migrant Worker?.......: YES  Type: MIGRANT (upd MAY 25,2010)
6. Homeless?.............: NO   Type:         (upd MAY 25,2010)
----------------------------------------------------------------------
7. Internet Access.......: YES  Where: H     (upd MAY 25,2010)
8. EMAIL ADDRESS.........: myemail@abc.com
9. GENERIC HEALTH PERMISSION:         10. PREFERRED METHOD:
----------------------------------------------------------------------
11. Number in Household...:
12. Total Household Income:            /
----------------------------------------------------------------------
======================================================================
CHANGE which item? (1-12) NONE//: 9
Do we have permission to send generic health information to your email address?: Y
YES
```

Figure 2-20: Editing the Generic Health Permission field

```
IHS REGISTRATION EDITOR  (page 10)                      DEMO HOSPITAL
======================================================================
PATIENT,TEST         (upd:MAY 25, 2010)      HRN:494949 PEND. VERIF
======================================================================
                         Other Patient Data
1. Ethnicity.............: HISPANIC OR LATINO
2. Race..................: UNKNOWN BY PATIENT
3. Primary Language......: ENGLISH           Interpreter required?
    Other languages spoken:
4. Preferred Language....: ENGLISH
----------------------------------------------------------------------
5. Migrant Worker?.......: YES  Type: MIGRANT (upd MAY 25,2010)
6. Homeless?.............: NO   Type:         (upd MAY 25,2010)
----------------------------------------------------------------------
7. Internet Access.......: YES  Where: H, M       (upd MAY 25,2010)
8. EMAIL ADDRESS.........: myemail@abc.com
9. GENERIC HEALTH PERMISSION: YES    10. PREFERRED METHOD:
11. Number in Household...:
12. Total Household Income:            /
----------------------------------------------------------------------
======================================================================
CHANGE which item? (1-12) NONE//: 10
WHAT IS YOUR PREFERRED METHOD TO RECEIVE REMINDERS?: EMAIL
```

Figure 2-21: Editing the Preferred Method (of receiving reminders) field

2.1.2.6 Page 10 Errors for Missing Ethnicity, Migrant Worker, Homeless, and Language Information Have Been Changed to Warnings

In Patient Registration edit, Page 10, error messages requiring the patient's Ethnicity/Method of Collection; Migrant Worker information; Homeless information; Primary Language, Proficiency or Interpreter Required information; and patient's Preferred Language have been replaced by warnings; however, these fields are still required once the field is selected for editing.

```
IHS REGISTRATION EDITOR  (page 10)                            DEMO HOSPITAL
==============================================================================
PATIENT,IHS                   (upd:JUN 08, 2010)      HRN:124712 DIRECT ONLY
==============================================================================
                            Other Patient Data
1. Ethnicity.............:
2. Race.................:
3. Primary Language......:                        Interpreter required?
    Other languages spoken:
4. Preferred Language....:
------------------------------------------------------------------------------
5. Migrant Worker?.......:      Type:
6. Homeless?............:      Type:
------------------------------------------------------------------------------
7. Internet Access.......: NO   Where:                      (upd JUN 8,2010)
8. EMAIL ADDRESS.........: emailaddr@ihs.com
9. GENERIC HEALTH PERMISSION:        10. PREFERRED METHOD:
------------------------------------------------------------------------------
11. Number in Household...:
12. Total Household Income:           /
------------------------------------------------------------------------------
***WARNING 038: Patient's Ethnicity/Method of Collection incomplete
***WARNING 039: Patient's Migrant Worker information incomplete
***WARNING 040: Patient's Homeless information incomplete
***WARNING 041: Patient's Primary Language, Proficiency or Interpreter Required
incomplete
***WARNING 042: Patient's Preferred Language incomplete or not in patient's list of
languages
==============================================================================
CHANGE which item? (1-12) NONE//:
```

Figure 2-22: New Edit Warnings on Page 10

2.1.2.7 Reopening a Closed Case

The AGZCREOPN security key can reopen a closed case in the Benefits Coordination page of the IHS PATIENT REGISTRATION EDITOR.

```
IHS REGISTRATION EDITOR  (page 5)                        DEMO HOSPITAL
=====================================================================
PATIENT,TEST            (upd:MAY 25, 2010)     HRN:110368 CHS & DIRECT
=====================================================================
                 BENEFITS COORDINATION - CASE DATA
-CASE INFORMATION----------------------------------------------------
1. Case Date: MAY 11, 2010 by: XXX              3. Case Type:
2. Case Number: TESTCASE1                       4. Case Worker:
5. Case Reason: TESTING
6. Completed By:
7. Assigned to: XXXXXXX,XXXX                     8. Notes:
=====================================================================
-APPLICATION---------------------------------------------------------
DATE APPLICATION OBTAINED   TYPE      PERSON RECEIVING        STATUS
---------------------------------------------------------------------
NO APPLICATIONS ASSOCIATED WITH THIS CASE
=====================================================================
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: XXXXXXXX,XXXX on May 25, 2010
=====================================================================
Change which item (1-8) OR Add <A>pplication OR Add <S>penddown information: 6
COMPLETED BY: XXXXXXXX,XXXX
DATE COMPLETED: T  (MAY 25, 2010)
```

Figure 2-23: Close a case by entering "Completed By" information

```
IHS REGISTRATION EDITOR  (page 5)                        DEMO HOSPITAL
=====================================================================
PATIENT,TEST            (upd:MAY 25, 2010)     HRN:110368 CHS & DIRECT
=====================================================================
                 BENEFITS COORDINATION - CASE DATA
-CASE INFORMATION----------------------------------------------------
1. Case Date: MAY 11, 2010 by: XXX              3. Case Type:
2. Case Number: 12345                           4. Case Worker:
5. Case Reason: TESTING
6. Completed By: XXXXXXXX,XXXX                Date: MAY 25, 2010
7. Assigned to: XXXXXXXX,XXXX                    8. Notes:
=====================================================================
-APPLICATION---------------------------------------------------------
DATE APPLICATION OBTAINED   TYPE      PERSON RECEIVING        STATUS
---------------------------------------------------------------------
NO APPLICATIONS ASSOCIATED WITH THIS CASE
=====================================================================
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: XXXXXXXX,XXXX on May 25, 2010
=====================================================================
Change which item (1-8) OR Add <A>pplication OR Add <S>penddown information:
```

Figure 2-24: A closed case

```
IHS REGISTRATION EDITOR  (page 5)                          DEMO HOSPITAL
========================================================================

PATIENT,TEST               (upd:MAY 25, 2010)    HRN:110368 CHS & DIRECT
========================================================================
                          BENEFITS COORDINATION
========================================================================
CASE DATE          ASSIGNED TO      ASSIGNED BY      REASON
------------------------------------------------------------------------
1.MAY 18, 2010    XXXXXXXX,XXXX   XXX               TESTING
PATIENT HAS 1 CLOSED CASE
========================================================================
PRIOR AUTHORIZATION  ENCOUNTER DATE  ADMISSION DATE  INSURER TYPE
------------------------------------------------------------------------
PATIENT HAS NO AUTHORIZATION ENCOUNTER DATES!
------------------------------------------------------------------------
Last edited by: XXXXXXXX,XXXX on May 25, 2010
========================================================================
Change which item (1-1) OR Add <C>ase or <A>uthorization, <R>e-open or <V>iew closed
cases: R
```

Figure 2-25: The AGZCREOPN security key provides the "Re-open" option in the Benefits Coordination screen

```
IHS REGISTRATION EDITOR  (page 5)                          DEMO HOSPITAL
========================================================================
PATIENT,TEST               (upd:MAY 25, 2010)    HRN:110368 CHS & DIRECT
========================================================================
                          BENEFITS COORDINATION
========================================================================
COMPLETED DATE   CASE DATE        ASSIGNED TO       REASON
------------------------------------------------------------------------
1.MAY 25, 2010   MAY 11, 2010   XXXXXXXX,XXXX     TESTING
------------------------------------------------------------------------
Select 1-1: 1
```

Figure 2-26: Reopening a case

When "R" is selected to reopen a case, the case number can also be selected.

```
IHS REGISTRATION EDITOR  (page 5)                          DEMO HOSPITAL
========================================================================
PATIENT,TEST               (upd:MAY 25, 2010)    HRN:110368 CHS & DIRECT
========================================================================
                 BENEFITS COORDINATION - CASE DATA
-CASE INFORMATION-------------------------------------------------------
1. Case Date: MAY 11, 2010 by: XXX              3. Case Type:
2. Case Number: 12345                           4. Case Worker:
5. Case Reason: TESTING
6. Completed By:
7. Assigned to: XXXXXXXX,XXXX                    8. Notes:
========================================================================
-APPLICATION-----------------------------------------------------------
DATE APPLICATION OBTAINED   TYPE      PERSON RECEIVING       STATUS
------------------------------------------------------------------------
NO APPLICATIONS ASSOCIATED WITH THIS CASE
========================================================================
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: XXXXXXXX,XXXX on May 25, 2010
========================================================================
Change which item (1-8) OR Add <A>pplication OR Add <S>penddown information:
```

Figure 2-27: Page 5 of IHS REGISTRATION EDITOR

When a case is selected, it is automatically reopened and can be edited. The
"Completed By" field is now cleared.

```
IHS REGISTRATION EDITOR  (page 5)                        DEMO HOSPITAL
========================================================================
PATIENT,TEST          (upd:MAY 25, 2010)      HRN:110368 CHS & DIRECT
========================================================================
                         BENEFITS COORDINATION
========================================================================
CASE DATE          ASSIGNED TO      ASSIGNED BY        REASON
------------------------------------------------------------------------
1.MAY 11, 2010    XXXXXXXX,XXXX    XXX                TESTING
2.MAY 18, 2010    XXXXXXXX,XXXX    XXX                TESTING
========================================================================
PRIOR AUTHORIZATION   ENCOUNTER DATE   ADMISSION DATE   INSURER TYPE
------------------------------------------------------------------------
PATIENT HAS NO AUTHORIZATION ENCOUNTER DATES!
------------------------------------------------------------------------
Last edited by: XXXXXXXX,XXXX on May 25, 2010
========================================================================
Change which item (1-2) OR Add <C>ase or <A>uthorization:
```

Figure 2-28: List of reopened cases

When returning to the Benefits Coordination screen, the reopened case is listed with
the other open cases.

2.1.2.8   Patient Age Report

A new Patient Age report has been created to replace the Patients 65 and Over and
Patients 18 and Under reports. This report includes exclusion parameters for location,
alternate resources, activity date range, age range (0–18, 19–64, 65–95), and
eligibility status. The menu option for this report is AGE and will be included in the
Reports Menu.

```
  ADD    ADD a new patient
  EPT    EDIT a patient's file
  FAC    Print a FACE SHEET
  NON    Enter NON-MANDATORY new patient information
  NAM    CORRECT the patient's NAME
  CHR    EDIT the patient's CHART NUMBER.
  INA    INACTIVATE/ACTIVATE a patient's file
  RPT    REGISTRATION REPORTS ...
  VIEW   View patient's registration data
  DEL    DELETE a patient's Health Record Number
```

```
    REV     Review and edit DECEASED or INACTIVE patient files
    EMB     Print an EMBOSSED CARD
    SCA     SCAN the patient files ...
    THR     Third Party Billing Reports ...
    IND     Print tub-file INDEX cards ...
    LBL     LABELS menu ...
    PAG     Edit one of the Patient's PAGEs ...
    FIE     print Face sheet, Index card, Embossed card
    MSP     Medicare Secondary Payer Menu ...

Select Patient Registration Option: RPT



            Press 'RETURN' to continue, '^' to stop:
    SSN     SSN Reports Menu ...
    RHI1    HIPAA-Restricted Health Info by Dt entered,user
    BCC     BLANK COMMUNITY/CITY REPORT
    STD     Check format of Names
    ERP     Print Field Audit Report
    BCP     Print Benefits Coordinator Productivity Report
    BCPC    Benefits Coordinator Productivity by Coordinator
    AGE     Patient Age Report
    EML     Print a Listing of Patient Email Addresses
    FAUD    FULL PATIENT FILE AUDIT

Select REGISTRATION REPORTS Option: AGE



      Select one of the following:

          1          LOCATION
          2          ALTERNATE RESOURCE
          3          DATE RANGE
          4          AGE RANGE
          5          ELIGIBILITY STATUS

      Select ONE or MORE of the above EXCLUSION PARAMETERS:
```

Figure 2-29: Select REGISTRATION REPORTS Option

```
OTE: To run this report you must select specific parameters.
 If no parameters are selected, the system will return back to the main menu.

      Select one of the following:
          1          LOCATION
          2          ALTERNATE RESOURCE
          3          DATE RANGE
          4          AGE RANGE
          5          ELIGIBILITY STATUS
      Select ONE or MORE of the above EXCLUSION PARAMETERS: 3  DATE

          1          Visit Date
          2          Point in Time

 Select type of Date Desired:
```

```
      Select one of the following:

             1            LOCATION
             2            ALTERNATE RESOURCE
             3            DATE RANGE
             4            AGE RANGE
             5            ELIGIBILITY STATUS


      Select ONE or MORE of the above EXCLUSION PARAMETERS: 4  AGE RANGE


      Select one of the following:

             1         0-17
             2         18-64
             3         65-95
```

Figure 2-30: Primary parameter choices for the Patient Age report

```
    Select one of the following:
             1            MEDICARE
             2            MEDICAID
             3            PRIVATE INSURANCE
             4            SPECIFIC INSURER
             5            SPECIFIC PATIENT
             6            WORKMEN'S COMP
             7            PRIVATE + WORKMEN'S COMP
             8            CHIP
Select TYPE of ALTERNATE RESOURCE to Display:
```

Figure 2-31: Alternate parameter choices for the Patient Age report

```
USER, TEST                  DEMO HOSPITAL                 Page 1
                  Active Patients Age Range: 65-95
                  Alternate Resource: NO RESOURCES
            Eligibility Status: INDIAN BENEFICIARY PATIENTS
                  Report Date: MAY 28, 2010@06:59:34


Name (CHART #)                           HOME PHONE
ADDRESS                                  DATE OF BIRTH (AGE)
DATE OF LAST UPDATE                      APPLICATION STATUS/DATE
============================================================
PATIENT,FRANCES A (123456)               555-555-3021
        29 HEATH HEIGHTS                 MAR 02, 1934 (76)
        WHITTIER AK 23456
APR 07, 2005                             PENDING/MAY 10, 2008
------------------------------------------------------------
PATIENT,MARGARET (152786)                555-555-8835
        PO BOX 1011                      FEB 13, 1941 (69)
        SALISBURY CA 98765
JAN 14, 2008
------------------------------------------------------------
PATIENT,ETHEL (102244)                   555-555-1153
        400 FARM BROOK DR.               JUL 22, 1929 (80)
        ROBBINSVILLE GA 43210
JUN 19, 2007                             APPROVED/JUNE 23, 2009
------------------------------------------------------------
```

Figure 2-32: Sample output for the Patient Age report

2.1.2.9   Patient E-mail Listing

A new patient email listing was created to include the patient record number, name, e-mail address where e-mail is accessed from, and permission (Yes or No) to send that patient informational e-mails. This report will include date parameters for last update and appointment date. The menu option for this report is EML and will be include in the Reports Menu.

```
                       PATIENT REGISTRATION
                          DEMO HOSPITAL
            Print a Listing of Patient Email Addresses

 ***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 ***
Print a Listing of Patient Email Addresses

     Select one of the following:

          L         LAST UPDATE
          A         APPOINTMENT DATE
Select PARAMETER: L//
```

Figure 2-33: Parameter choices for the Patient Email Listing

```
USER,TEST                 DEMO HOSPITAL                   Page 1
                          EMAIL LISTING
              LAST UPDATE: FEB 17, 2010 - MAY 28, 2010


HRN    NAME      EMAIL ADDRESS      WHERE           PERMISSION
================================================================
103269 XXXXX,XXX EMAIL3@EMAIL.COM   MOBILE DEVICE       NO
                                    HOME
                                    LIBRARY
                                    WORK
                                    SCHOOL
----------------------------------------------------------------
111038 XXXXX,XXX MILES EC@ABC.COM   HOME                YES
----------------------------------------------------------------

XXXXX,XXX XYZ3@ABC.COM      TRIBE/COMMUNITY CEN NO
----------------------------------------------------------------
102816 XXXXX,XXX ABC@VZN.COM        LIBRARY             YES
----------------------------------------------------------------
155201 XXXXX,XXX TEST@ABC.COM       MOBILE DEVICE       YES
                                    SCHOOL
                                    WORK
----------------------------------------------------------------
148418 XXXXX,XXX crystal@ABC.COM    MOBILE DEVICE       YES
                                    SCHOOL
                                    HOME
----------------------------------------------------------------
```

Figure 2-34: Sample output for the Patient Email Listing

Along with the standard output shown in the above example, a delimited data "flat" file can be created and can be sent to file to be used for import to another application (e.g., Microsoft Excel). The delimiter used for this data file is a caret (^).

Delimited Format–Header Record

- Facility Name
- Report Date
- Data Parameter
- From Date
- To Date
- Total Records
- Total AI/AN Records

Delimited Format–Data Record

- Patient Name
- Chart Number
- Current Patient E-mail Address
- Where the Patient Accesses Email (subdelimited with commas)
- Permission (Yes or No) to Send the Patient Generic Health Information

```
DEMO HOSPITAL^MAY 28, 2010^Appointment Date^FEB 17, 2010^MAY 28, 2010^9-Total^8-
Total AI/AN
PATIENT,RUBY^103269^EMAIL3@EMAIL.COM^TRIBE/COMMUNITY
CENTER,HOME,LIBRARY,WORK,SCHOOL,MOBILE DEVICE^NO
PATIENT,ERIC MILES^111038^EC@ABC.COM^HOME^YES
PATIENT,JENNIFER JEAN^135196^ABC3@ABC.COM^TRIBE/COMMUNITY CENTER^NO
PATIENT,ANDREA JOY^102816^joy@vzn.com^LIBRARY^YES
PATIENT,ANN JENNINGS^155201^TEST@ABC.COM^MOBILE DEVICE,SCHOOL,WORK^YES
PATIENT,CRYSTAL LYNN^148418^crystal@ABC.COM^MOBILE DEVICE,SCHOOL,HOME^YES
PATIENT,AARON J^113358^1234567890123456@VER.NET^WORK,MOBILE DEVICE,HOME^YES
PATIENT,AIDAN ELIAS^174140^AIDAN@VZN.COM^HOME^NO
PATIENT,PASCULITA^134251^TEST@ABC.COM^MOBILE DEVICE,HOME^YES
```

Figure 2-35: Sample output for the Patient Email Listing, using the "flat" file option

Sample Output of a Patient Email Listing, Imported into Excel

Facility	Run Date	Date Type	From Date–To Date	
DEMO HOSPITAL	28-May-10	Appointment Date	2/17/2010 - 5/28/2010	
PATIENT,RUBY	103269	EMAIL3@EMAIL.COM	TRIBE/COMMUNITY CENTER,HOME,LIBRARY,WORK,SCHOOL,MOBILE DEVICE	NO

Facility	Run Date	Date Type	From Date–To Date	
PATIENT,ERIC MILES	111038	EC@ABC.COM	HOME	YES
PATIENT,JENNIFER JEAN	135196	ABC3@ABC.COM	TRIBE/COMMUNITY CENTER	NO
PATIENT,ANDREA JOY	102816	joy@vzn.com	LIBRARY	YES
PATIENT,ANN JENNINGS	155201	TEST@ABC.COM	MOBILE DEVICE,SCHOOL,WORK	YES
PATIENT,CRYSTAL LYNN	148418	crystal@ABC.COM	MOBILE DEVICE,SCHOOL,HOME	YES
PATIENT,AARON J	113358	12345@VER.NET	WORK,MOBILE DEVICE,HOME	YES
PATIENT,AIDAN ELIAS	174140	AIDAN@VZN.COM	HOME	NO
PATIENT,PASCULITA	134251	TEST@ABC.COM	MOBILE DEVICE,HOME	YES
Total Records: 9				
Total AI/AN Records: 8				

2.1.3 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 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, needs to be populated as part of the post installation of the Master Patient Index (MPI). Another step in the MPI post installation will be the tasking of the AGMP SITE BULK UPLOAD option. This option pulls patient records into a flat file and places it into the pathname entered into the MPI PATH FOR BULK LOAD FILE parameter. The file then is 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 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 is prompted to enter how proficient he/she is in speaking English (Very Well, Well, Not Well, or Not at All). If English is not selected as the primary language, the prompt "Interpreter Required?" will display.

- The addition of prompts for identifying the Migrant Worker status of the patient. These prompts include "Migrant Worker?" (Yes or No) and "Type" (asked only if "Migrant Worker?" equals Yes). The date the information was last updated also displays.

- The addition of prompts for identifying the Homeless status of the patient. These prompts include "Homeless?" (Yes or No) and "Type" (asked only if "Homeless?" equals Yes). The date the information was last updated also displays.

- Moving the "Internet Access" and "Where" (the Internet is accessed from) prompts from Page 1. If the "Internet Access" equals No, the user is not prompted to enter the "Where" information. The date the information was last updated also displays.

- 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 always be required and the "Total Household Income" prompt includes an additional prompt "Household Income Period" for the time frame (Year, Month, Weekly, or Biweekly).

- The addition of prompts for "ETHNICITY INFORMATION" and "METHOD OF COLLECTION" in "ADD A PATIENT REGISTRATION," following the Restricted Health Information fields. This field is now required.

- A new security key, AGZEDITPAGE10, was 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.

2.1.3.1 Address Line 2 and 3 Not Showing on the Face Sheet

Allows Patient Registration to display second and third Address lines, if the additional address lines 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 NATIVE ETHNICITY: 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 2-36: Address Lines 2 and 3

In the example above, there are three address lines showing for the current address.

2.1.3.2   New Page: UDS Questions

Creation of a new Page 10 in the IHS PATIENT REGISTRATION EDITOR to allow the following information:

2.1.3.3   Fields to Identify Patients Who Speak a Language Other Than English

This identifies patients who primarily speak or use non-English languages. This includes patients that require an interpreter (including individuals who use American Sign Language) and patients who speak English as a second language.

The RPMS UDS is required to report race and ethnicity data annually to HRSA. Part of that reporting includes a patient count of individuals served in non-English languages. It includes patients who were served by a bilingual provider and patients who may have brought an interpreter. It includes patients residing in regions where English is not the primary 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 information. This is required.

- Ask if an interpreter is required *only* if entering information in the Primary Language field for a non-English language. If English is selected as the primary language, the system does not prompt for this information. Values for this field are YES, NO, and UNKNOWN.

- The "Other Languages Spoken" prompt displays only if the Primary Language field has a language other than English entered. This prompt displays repeatedly if the user keeps entering information.

- At the "Add the PRIMARY LANGUAGE spoken at home by the patient" prompt, if ENGLISH is entered, the following prompt also displays: "How proficient is the patient in speaking ENGLISH?" Type a question mark (**?**) and press Enter to display a list of options for this prompt. The following shows a list of options.

   − Choose from:
      VW   VERY WELL
      W   WELL
      NW   NOT WELL
      NA   NOT AT ALL

   At the "Indicate Preferred Language" prompt, type the preferred language and press Enter. This prompt only displays if more than one language has been entered.

Example #1

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

Figure 2- 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       (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//: 3
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 2-37: English selected as the primary language

Page 10 displays after all of 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 2-38: IHS REGISTRATION EDITOR, Page 10

Example #2

In this example, Spanish is entered as the primary language and Creole is entered as another language. If English is not entered as the primary language, the system displays the "Interpreter Required?" prompt. This prompt is not displayed when English is entered as the primary language

Figure 2- displays the step-by-step entry of multiple languages, when English is not 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       (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 2-39: English not selected as the primary language

Page 10 displays after all of 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       (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 2-40: 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 system displays the "How proficient is the patient in speaking ENGLISH?" prompt 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       (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 2-41: Aleut and English are added as additional languages

If more than one other language spoken is entered, Page 10 displays the message "MORE THAN ONE LANGUAGE." To see a list of languages the patient speaks, edit the Primary Language and when prompted to "Select OTHER LANGUAGE SPOKEN," type a question mark (**?**). This generates a list of all languages spoken by the patient.

To remove a language from the list, enter the language and press Enter. The system displays a prompt with the language that was entered. Type an at sign (**@**) at the "Other Language Spoken" prompt to delete the language 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        (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 2-42: Typing an at sign (**@**) to delete a language from the list

2.1.3.4   Fields for HOMELESS STATUS and MIGRANT STATUS

Fields can be added to help track a homeless person or an individual with migrant status. The UDS application requires this information for reporting purposes to Tribal Health Centers.

Migrant Status

1. Record the date and values entered for each instance

If YES is entered at the prompt, select one of the following and record the information 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 NO is entered at the prompt, skip the Type field and record the date. If the status is changed from Yes to No, Type is 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 is a supervised public or private facility that provides temporary living accommodations, and individuals who reside in transitional housing.

1. Record the date and values entered for each instance.

If YES is entered at the prompt, select one of the following and enter the information into the Type field:

- Homeless Shelter

- Transitional

Once a homeless person obtains housing, he/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 he/she intends to spend the night after their encounter. If the patient does not know, code as "street."

- Other

- Unknown

If NO is entered at the prompt, skip the Type field and record the date. If the status changes from Yes to No, Type is 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       (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 2-43: Entering Migrant Worker and Homeless in the Type fields

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

Several fields moved from Pages 1 and 2 of IHS PATIENT REGISTRATION EDITOR to the new Page 10, including:

- INTERNET ACCESS (Yes or No) and WHERE (accessed from) from Page 1, Question #19. The "WHERE" prompt displays only if **Yes** (**Y**) is entered at the "INTERNET ACCESS" prompt. An existing WHERE entry is cleared if the INTERNET ACCESS value changes 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 2-44: Fields which moved to the new Page 10

2.1.3.6   Prompt for Ethnicity Information when Adding a New Patient

- The system prompts for ethnicity and method of collection when adding a new patient. These prompts follow the "RESTRICTED HEALTH INFORMATION" prompt. These fields are required.

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

Figure 2-45: "RESTRICTED HEALTH INFORMATION" prompt

2.1.4   From Patch 6

Patch 6 modifies the following:

Electronic Dental Record (EDR) triggers were added into the AG menu options, enabling EDR messages to be sent to Dentrix. However, AGINACT was missed, and therefore an EDR message was not sent when a patient was inactivated using the "INACTIVE/ACTIVE a patient's file" option.

2.1.5   From Patch 5

- The user triggers 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 used "and."

- The Edit a Patient's page option P2–P9 was not displaying the standard header as P!. This has been corrected.

- H3488. The Social Security Number (SSN) was not displaying on the Face Sheets.

- H3863. The wrong DOB was displaying 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 invalid emergency contact information even though all fields were populated on Page 3. The routine was looking in the wrong field for EC RELATIONSHIP data.

2.1.6   From Patch 4

- <UNDEFINED>L6+2^AGDICLK
  Another example of old code assuming that the records in a multiple will be contiguous. This has been fixed.

- MSP warning missing on Patient Registration Page 1 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 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, the system prompts to edit all of these items. After editing items 9–14 and 16, the system prompts to determine if the new address needs to be added to the PREVIOUS MAIL ADDRESS multiple. Type **Yes** to store that information as part of the Patient's historical mail addresses.

> **Note**: During postinstallation, current patient addresses in File #2 are moved to the first entry in the PREVIOUS MAIL ADDRESS multiple. When editing the EMAIL ADDRESS field, the system prompts to determine if the new address needs to be added to the PREVIOUS EMAIL ADDRESS multiple.

2.1.6.1 Benefit Coordination Report

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

The BCPC report prompts are designed to set up specific criteria requested by the user. The default response for the BCPC report prompts is Yes.

```
                          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 2-46: Prompts for the BCPC report

By accepting the default response to the above prompts (Yes), the prompts in Figure 2- must be completed in order to process the requested information. The "SELECT AN APPLICATION TYPE" prompt and the "DO YOU WISH TO INCLUDE A PARTICULAR STATUS?" prompt require the user to select from a list of choices. See Figure 2- for more information.

```
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
```

Figure 2-47: Prompts for Benefits Coordinator Productivity by Coordinator Report

The BCPC report is based upon data from the APPLICATION list on the BENEFITS
COORDINATION – CASE DATA page. See Figure 2-.

```
                    BENEFITS COORDINATION - CASE DATA
-CASE INFORMATION-----------------------------------------------------
1. Case Date: OCT 05, 2007 by: SL          3. Case Type: CONTRACT
2. Case Number: 100121                     4. Case Worker: XXXXX,XXXX
5. Case Reason: MEDICAID ELIGIBLE
6. Completed By:
7. Assigned to: xxxxxxx,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:
```

Figure 2-48: Benefits Coordination–Case Data page

The BCPC displays a list of patient applications received by a benefit coordinator and
shows overall status, application type, date obtained and patient chart. The report
sorts by the person receiving the application (benefit coordinator), by the date the
application was obtained, by application type, by overall status, and finally 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 2-49: 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 2-50: 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            CHART            APPLICATION TYPE            STATUS
OBTAINED
---------------------------------------------------------------------
OCT 5,2007      110669           AHCCCS                      PENDING


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

Figure 2-51: 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            CHART           APPLICATION TYPE            STATUS
OBTAINED
-----------------------------------------------------------------------
SEP 19,2007    45614           MEDICARE                    APPROVED

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

Figure 2-52: Page 3 of the BCPC report

2.1.6.2   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//

   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:
```

Figure 2-53: Medicare/Medicaid Enrollees report with active patients only

2.1.6.3   Changes on Page 1 of the IHS PATIENT REGISTRATION EDITOR

Modifications to Page 1 of the IHS PATIENT REGISTRATION EDITOR were
implemented to allow the addition of the EMAIL ADDRESS field. The ZIP CODE
was moved up to the same line as CITY, STATE. Item 20 EMAIL ADDRESS was
added to the bottom of the page.

```
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 2-54: The new EMAIL ADDRESS field (Item 20)

2.1.6.4   New Historical Address and Historical Email Feature

Part of the CCHIT initiative was to add a new feature to Patient Registration in order
to follow patient's address changes and email changes. This data tracking notification
only displays on the FACE SHEET. Figure 2- shows a list of historical addresses and
emails for a patient.

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

Figure 2-55: Selecting a patient for the AMBULATORY CARE RECORD BRIEF

```
                *** 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
```

Figure 2-56: 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,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:
```

Figure 2-57: 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 2-58: Page 3 of the AMBULATORY CARE RECORD BRIEF

2.1.6.5   Editing the Mailing Address

The process of editing items on Page 1 of the IHS PATIENT REGISTRATION
EDITOR has been modified due to the new feature for recording historical addresses
and historical email changes. When editing Items 9 through 14 and Item 16, all of
these items must be edited at one time. Any changes can be made at any of these
prompts if applicable. If items results in a change of demographics, the system
prompts if the new address changes need to be added to the historical address
patient's information. The "Should this new mail address be added to the historical
addresses?" prompt was designed to distinguish between an address correction and a
new address. If the response is No, the system interprets the reply as a address
correction and displays the correction on Page 1 of the IHS PATIENT
REGISTRATION EDITOR.

If the response is Yes, the system stores the old address that is currently displayed on
Page 1 of the IHS PATIENT REGISTRATION EDITOR as part of the patient's
historical mailing addresses and displays the address change on Page 1.

> **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 : 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] :
 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// YES
```

Figure 2-59: Storing historical and current addresses

2.1.6.6   Editing the E-mail Address Field

If there are changes to the patient's email address, those changes are entered at the "EMAIL ADDRESS" prompt (Item 20).

The "Should this new email address be added to the historical addresses?" prompt was designed to distinguish between an email address correction and a new email address.

- If at the "Should this new mail address be added to the historical addresses" prompt, the default Y (Yes) is accepted, the system stores the old e-mail address as part of the patient's historical email address, and the new email address displays on Page 1 of the IHS PATIENT REGISTRATION EDITOR.

- If at the "Should this new mail address be added to the historical addresses" prompt, **N** (**No**) is entered the system interprets the reply as an e-mail address correction, and displays the correction on Page 1 IHS PATIENT REGISTRATION EDITOR.

> **Note**:   A patient's historical email address change *only* displays 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 : 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: 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// YES
```

Figure 2-60: Changing the current e-mail address and adding it to historical addresses

2.1.6.7   Refresher on Standard Fileman Editing Methods

The following section provides information about editing prompts in the IHS PATIENT REGISTRATION EDITOR due to the new feature for storing historical changes.

While editing an item in the IHS PATIENT REGISTRATION EDITOR, the system displays either "Replace…With" prompts or two slashes (//). Items longer than 18 characters are displayed with the "Replace…With" prompt, and shorter responses display with two slashes (//).

When the "Replace" prompt displays, enter the text to be changed or removed. At the "With" prompt, enter the new information which replaces the text to be changed. If Enter is pressed at the "With" prompt, the value to be replaced is deleted from the overall text. In Figure 2-16, GOODEMAILADDRESS@IHS.GOV is the new e-mail address.

```
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 NOTAN
 With GOOD
Replace GOODEMAILADDRESS@IHS.GOV
```

Figure 2-61: The "Replace" and "With" Prompts

To delete the entire current value when in the "Replace…With" method enter three periods (…) at the "Replace" prompt, followed by the new value at the "With" prompt. In Figure 2-17, AAMARI@IHS.GOV is the new e-mail address.

```
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 2-62: Example of using the "Replace" and "With" prompts to change patient information

When editing fields, it is more common for the system to display two slashes. At the "CHANGE which item?" prompt, select the item to edit and press Enter. The system displays the item to be edited followed by two slashes (//).

Press Enter to keep the current value for the field. To enter a new value, type it after the two slashes (//) and then press Enter. To delete the value, type an at sign (@) and press Enter.

In Figure 2-, field 20 is being edited. The "CURRENT EMAIL ADDRESS" prompt displays with the e-mail address that was in field 20 followed by two slashes (//). The example shows the new e-mail address entered after the slashes. NEWEMAILADDRESS@IHS.COM is replacing AAMARI@IHS.GOV in Field 20.

```
 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// NEWEMAILADDRESS@IHS.GOV
```

Figure 2-63: The two slashes (//) prompt

2.1.6.8   Social Security Number Modifications

New modifications have been implemented for viewing the SSN of patients in Patient Registration (AG). The modified format of displaying the SSN only shows the last four digits of the SSN. The first five digits display the letter "X." In the example below, the SSN displays as XXX-XX-2409.

```
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 2-64: SSN (Item 6)

There are exceptions to viewing the entire SSN. Policy numbers display regardless of the format. For example, if the policy number field contains an SSN, the entire number displays. See Figure 2-, Item 2 for an example of the SSN displaying in its entirety. Another exception is on Page 1 of the IHS PATIENT REGISTRATION EDITOR. If the SSN displayed on Page 1 has not been verified by the Social Security Administration office (SSA), the entire SSN displays. See Figure 2-, Item 6. This example also shows the information that the SSN had not been verified by the SSA.

```
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      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 2-65: Viewing the SSN in the Policy Number field (Item 2)

```
======================================================================
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: NM 14.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 2-66: Viewing the SSN with an SSA pending verification (Item 6)

The following menu items are affected by restricted viewing of the SSN:

SCA	SCAN reg. pats (incl. inactive and deceased)
SCA->	DOB List patients in DATE-OF-BIRTH order
PAT	Print a SELECTED PATIENT'S index card
ALL	Print ALL PATIENT'S index cards
RNG	Print RANGE of index cards by patient's NAMES
DAT	Print index card(s) for registration DATE(S)
P1->	PAGE1 Elig/Identifiers Routine
FIE	Print Face sheet, Index card, Embossed card
ALP	Print REGISTERED PATIENTS ALPHABETICALLY
CHR	Print REGISTERED PATIENTS by CHART NUMBER
ENT	Print all patients in ENTIRE DATA BASE
COM	Print list of COMMISSIONED OFFICERS & DEPENDENTS
DAI	REGISTRATION DAILY ACTIVITY REPORTS
TEM	Print patients with TEMPORARY CHART NUMBERS
DOB	List patients in DATE-OF-BIRTH order
VET	VETERANS

2.1.6.9   New Security Key

A new Security Key (AGZVIEWSSN) was created in the Patient Registration System to view the entire SSN in all menu options or to limit viewing the SSN to the last four digits. This security key needs to be assigned to view the entire SSN and to edit the SSN. If this key is not assigned, the SSN view is limited to the last four digit formats, and the SSN will not be editable.

This modification demonstrates the intent of IHS to protect patient security.

2.1.7   From Patch 3

- Ambiguous policy holder issue. When the policy holder name was a substring of the patient name, the user could not enter a nonregistered policy holder.

- MSP warning not displaying for Railroad Eligibility with past due MSP.

- Issue concerning an erroneous ERROR #10 displaying for a private insurance policy number the user is not currently editing. This occurred in the following situations.

    - Patient has two active private insurance policies.
    - One of those insurance policies has an incomplete address for the policy holder.
    - The policy with the complete PH address is then terminated by entering an "Expiration date."

    These situations lead to any number of erroneous errors or warnings displaying depending on the situation. The Error List was not updated because the Insurer List (active/inactive) was not 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 sub file node. This was corrected.

- A message has been added when running the FRP. The message displays the ratio between records in the patient file and the number of records skipped.

- When adding Private Insurer eligibility to a patient on Page 4, the system created an "empty" private insurer record that displayed 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 (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 display. 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.

2.1.8   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 displays on Page 4.

- The post install sends a message out for 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 his/her 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. The Field Audit report 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. This field was removed and needed to be restored to allow the term date to be automatically populated. This was restored in Patch 2.

- If the patient had no insurers and sequencing was set to "required" in the registration parameter file, the system would not allow the user to advance from Page 4 to Page 5.

- The patient export would get an undefined error 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 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 display as one entry. Each Part D Medicare entry should display as a separate entry.

- The entire contents of NOTES fields could not be seen 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 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 system displays a warning that a minor is being added.

- The Face sheet displayed the wrong field for member Policy number from the private insurance file.

- Sites reported that after sequencing insurers at a future date, sequences from the past could not be viewed. This was changed so the sequence date shown is either today's date or a past date.

- 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, 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 a private insurer had already been chosen.

- When encountering a Medicaid insurance record with an unpopulated state field the system allowed the user to enter a state. After entering a state, the system reported that the "Last edited by" field did not show the user who updated 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 inactive and active patients. The user can now select whether the report excludes or includes inactive patients. This report is also alphabetized.

- A dangling "C" cross reference was encountered when building the private insurance policy member section on Page 4. The policy member displayed but could not be edited because there was no record in the private insurance file. 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 Veterans in the report when the Veterans Y/N field was set to No (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 includes 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 are named: Benefits Coordinator Productivity Report, and Patients Under 18 of Age report.

- Addition of Medicare Part D reports include 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 (N) when the system prompts to SCAN for similar names during the New Patient entry process.

- Modification of functionality for queuing the Guarantor page to not point to the Classification status field when the patient is registered as a Non-Indian Spouse.

> **Note**: If the classification for a new patient is NON-INDIAN SPOUSE, the guarantor page does not display and the fields on this page are not required.

2.1.9   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 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 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" the window instead of entering a state. Some users close the window whenever a required field is encountered, and he/she does not 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 is 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 have any active Medicare eligibility. This has been modified to not display if patient has no active Medicare entries.

- In version 7.1, the Medicaid Name was forced to be in the format of RPMS, but this was not 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 a place to enter the "card name" is needed. 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 displayed two Medicaid entries when there was no eligibility date entered for the record. The display now 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 PRINTS PREVIOUS EXPORT ERROR REPORT was the first option chosen from the AGX REGISTRATION DATA PREPARE FOR EXPORT menu and the user chose to quit the report, the option would error because the AGTXSITE variable was not 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.

- Edited 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 Patient's 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.

Glossary

AR

Accounts Receivable

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."

Database

One or more large structured sets of persistent data, usually associated with software to update and query the data.

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.

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.

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