RESOURCE AND PATIENT MANAGEMENT SYSTEM

Patient Registration

(AG)

Addendum to User Manual

Version 7.1 Patch 11
September 2014

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 v7.1. 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.

> **Note:** This patch includes the AG Indian Health Service (IHS) Eligibility Letter changes which were previously released through ZAG v7.1 p11. This document includes the information provided with that release, combined with additional patch changes.

1.1　Certification Commission for Health Information Technology

CCHIT® is recognized by the National Institute of Standards and Technology as an Accredited Testing Laboratory and by the U.S. Department of Health and Human Services as an Authorized Certification Body (ONC-ACB) for certifying Electronic Health Records (EHR) to support Meaningful Use (MU).

MU is a new health initiative project assigned to the Office of the National Coordinator (ONC) and the Centers for Medicare and Medicaid Services (CMS). The ONC is creating criteria for what an EHR should be able to do. CMS is creating guidelines EHR uses in the health care system.

To achieve meaningful use, health care 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. Measure: More than 80 percent of all unique patients seen by the Eligible Professional (EP) have demographics recorded as structured data.

1.2　Stage 2

CMS published a final rule that specifies the Stage 2 criteria that EPs, eligible hospitals, and critical access hospitals (CAH) must meet in order to continue to participate in the Medicare and Medicaid EHR Incentive Programs. All providers must achieve meaningful use under the Stage 1 criteria before moving to Stage 2.

Patient Registration v7.1 p11 has been released and contains several changes needed for the reporting of MU Stage 2 information. The patch includes the new fields shown below.

1.3   Core Measures

Record, change, and access demographics: sex, preferred language, race, ethnicity and date of birth and preliminary cause of death in the event of mortality in the eligible hospital or CAH. More than 80 percent of all unique patients seen have demographics recorded as structured data.

Preventive Care: Identify patients who should receive reminders for preventive care/follow-up care and send these patients reminders per patient preference. More than 10 percent of all unique patients who have had 2 or more office visits with 24 months before the beginning of the EHR reporting period were sent a reminder.

1.4   Summary of Changes

Patch 11 provides corrections and enhancements to v7.1 of the Patient Registration application. Patch 11 requires that all previous v7.1 patches are installed before it can be installed. Patches for v7.1 contain modifications to the following:

1. Addition of "unknown" as an option to indicate patient's sex

2. Addition of "decline to answer" as an option in preferred language.

3. Added capability to enter multiple races and ethnicities

4. Addition of "do not notify" as an option in method of communication

5. Changed method of communication question to read "what is your preferred method of communication"

6. Changed M – Mail to L – Letter in the method of communication

7. New option to indicate if a patient has Patient Health Record (PHR) access

8. New option to indicate if a patient has received PHR handout

9. New field to capture Preliminary Cause of Death (inpatient setting only)

10. Affordable Care Act Eligibility Letter

2.0   Patch 11 Changes

2.1   Patient Sex Prompt in Add a NEW Patient

The user may select "UNKNOWN" as the patient's sex in the case sex cannot be determined during registration or if the patient declines to answer. When the sex is determined, this can be changed in the registration edit option.

The face sheet will display "UNKNOWN".

```
Enter the PATIENT'S NAME: DEMO,JOHN
   ARE YOU ADDING 'DEMO,JOHN' AS A NEW PATIENT (THE 24981ST)? No// Y  (Yes)
Enter complete middle name if known or press <return> to add as entered: :
   PATIENT SEX: ??
     Enter 'M' for MALE, 'F' for FEMALE, or 'U' if UNKNOWN.
     Enter 'M' if this applicant is a male, 'F' if female, or 'U' if unknown.
       CHOOSE FROM:
       M       MALE
       F       FEMALE
       U       UNKNOWN
   PATIENT SEX: U UNKNOWN
```

Figure 2-1: Example of the new options to select for patient's sex

```
================================================================================
PATIENT: DEMO,JOHN DOE                                      CHART #: T74874
================================================================================
COMPUTER FILE EST: JAN 02, 2014(DS)            LAST EDIT: FEB 25, 2014 (GT)
--------------------------------------------------------------------------------
SSN: 652699875P                      SSN STATUS: Pending Verification
CLASS: INDIAN/ALASKA NATIVE                                   SEX: UNKNOWN
COMMUNITY: ROCKY BOY AGENCY                          BIRTHDAY: OCT 31, 1970
   COUNTY: HILL                                              AGE: 43 YRS
```

Figure 2-2: Example of the face sheet displaying unknown.

2.2   Patient Race Prompt in Add a NEW Patient

The user has the ability to select more than one race. The prompt will display as "SELECT RACE(S)".

If multiple races have been selected, the face sheet will display "MULTIPLE RACES SPECIFIED".

```
Select Race(s): AMERICAN INDIAN OR ALASKA NATIVE        3
  Are you adding 'AMERICAN INDIAN OR ALASKA NATIVE' as
    a new RACE INFORMATION (the 1ST for this VA PATIENT)? No// Y  (Yes)
  METHOD OF COLLECTION: SELF IDENTIFICATION//
Select Race(s): NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER        H
  Are you adding 'NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER' as
    a new RACE INFORMATION (the 2ND for this VA PATIENT)? No// Y  (Yes)
  METHOD OF COLLECTION: SELF IDENTIFICATION//
```

```
Select Race(s):
```

Figure 2-3: Example of adding a second race to the patient profile

```
FEB 25, 2014@11:19:30                                                  Page: 1
================================================================================
PATIENT: DEMO,JOHN DOE                                       CHART #: T74874
================================================================================
COMPUTER FILE EST: JAN 02, 2014(DS)           LAST EDIT: FEB 25, 2014 (GT)
--------------------------------------------------------------------------------
SSN: 652699875P                           SSN STATUS: Pending Verification
CLASS: INDIAN/ALASKA NATIVE                                   SEX: UNKNOWN
COMMUNITY: ROCKY BOY AGENCY                         BIRTHDAY: OCT 31, 1970
   COUNTY: HILL                                          AGE: 43 YRS
CURRENT ADDRESS:
     123 MAIN ST
     ROCKY BOY, MONTANA 14544
PHONE NUMBERS ---
HOME: 254-555-1234         WORK:
OTHER PHONE:
RACE: MULTIPLE RACES SPECIFIED             ETHNICITY: DECLINED TO ANSWER
PREFERRED LANGUAGE: DECLINED TO ANSWER      PREFERRED METHOD:
CURRENT EMAIL ADDRESS: JOHNDOE@EMAIL.COM
NUMBER IN HOUSEHOLD:
```

Figure 2-4: Example of the face sheet displaying multiple races specified

2.3   Patient Sex Prompt in Registration Editor, Page 1

The user may select or change to "UNKNOWN" in the case sex cannot be determined during registration or if patient declines to answer.

If the user changes the sex from male or female, the user will be prompted with a message "You are attempting to change the patient sex to 'unknown', please confirm this is correct (Y/N)?" If YES, a warning message will display "Warning 054: Patient's sex unknown". If NO, no changes will occur.

```
IHS REGISTRATION EDITOR   (page 1)                          DEMO HOSPITAL
================================================================================
DEMO,JOHN DOE                 (upd:NOV 21, 2013)         HRN:899523
================================================================================
 1.      ELIGIBILITY STATUS : DIRECT ONLY
 2.          DATE OF BIRTH : 12/25/1980
 3.   PLACE OF BIRTH [CITY] : OKLAHOMA CITY      4.ST : OK
 5.                    SEX : MALE
 6.  SOCIAL SECURITY NUMBER : Not Available
 7.         MARITAL STATUS : SINGLE
 8.      CURRENT COMMUNITY : OKLAHOMA UNK
--------------------------------------------------------------------------------
 9. STREET ADDRESS [LINE 1] : 123 MAIN ST
 10.STREET ADDRESS [LINE 2] :
 11.STREET ADDRESS [LINE 3] :
 12.                   CITY : OKLAHOMA CITY      13.ST : OK 14. ZIP CODE : 36999
 15.       LOCATION OF HOME :
--------------------------------------------------------------------------------
 16.PHONE NUMBER [RESIDENCE] : 918-555-5555  17.WORK PHONE :
```

```
 18.           OTHER PHONE : 918-555-5551
--------------------------------------------------------------------------------
================================================================================
CHANGE which item? (1-18) NONE//: 5

SEX: MALE// UNK   UNKNOWN
You are attempting to change the Patient SEX to 'UNKNOWN'.
Please confirm this is correct (Y/N)? N// Y
```

Figure 2-5: Example showing the change from MALE to UNKNOWN

```
IHS REGISTRATION EDITOR  (page 1)                          DEMO HOSPITAL
================================================================================
DEMO,JOHN DOE                 (upd:NOV 21, 2013)        HRN:899523
================================================================================
 1.     ELIGIBILITY STATUS : DIRECT ONLY
 2.          DATE OF BIRTH : 12/25/1980
 3.   PLACE OF BIRTH [CITY] : OKLAHOMA CITY       4.ST : OK
 5.                    SEX : UNKNOWN
 6.  SOCIAL SECURITY NUMBER : Not Available
 7.         MARITAL STATUS : SINGLE
 8.       CURRENT COMMUNITY : OKLAHOMA UNK
--------------------------------------------------------------------------------
 9. STREET ADDRESS [LINE 1] : 123 MAIN ST
10.STREET ADDRESS [LINE 2] :
11.STREET ADDRESS [LINE 3] :
12.                   CITY : OKLAHOMA CITY       13.ST : OK 14. ZIP CODE : 36999
15.       LOCATION OF HOME :
--------------------------------------------------------------------------------
16.PHONE NUMBER [RESIDENCE] : 918-555-5555  17.WORK PHONE :
18.          OTHER PHONE : 918-555-5551
--------------------------------------------------------------------------------
***WARNING 054: Patient's SEX unknown
================================================================================
CHANGE which item? (1-18) NONE//:
```

Figure 2-6: Example of the new warning prompt

2.4   Patient Race Prompt in Registration Editor, Page 10

The user has the ability to select more than one race. If multiple races are selected, Page 10 will display "MORE THAN ONE RACE" in the RACE field.

If only one race is specified, that race will display on page 10 and the face sheet.

If user needs to remove multiple races, the "@" delete can be used at each Race prompt.

```
IHS REGISTRATION EDITOR  (page 10)                       2013 DEMO HOSPITAL
================================================================================
DEMO,JOHN DOE                 (upd:FEB 25, 2014)        HRN:T74874 DIRECT ONLY
================================================================================
                          Other Patient Data
1. Ethnicity.............: DECLINED TO ANSWER
2. Race..................:
3. Primary Language......: DECLINED TO ANSWER     Interpreter required? NO
```

```
     Other languages spoken: DECLINED TO ANSWER
4. Preferred Language....: DECLINED TO ANSWER
--------------------------------------------------------------------------------
5. Migrant Worker?.......: NO   Type:                         (upd FEB 25,2014)
6. Homeless?.............: NO   Type:                         (upd FEB 25,2014)
--------------------------------------------------------------------------------
7. Internet Access.......: YES  Where: H, S, W               (upd JAN 2,2014)
8. EMAIL ADDRESS.........: JOHNDOE@EMAIL.COM
9. GENERIC HEALTH PERMISSION:        10. PREFERRED METHOD:
11. PHR ACCESS: YES (DEC 03, 2013)   12. PHR HANDOUT: YES (DEC 03, 2013)
--------------------------------------------------------------------------------
13. Number in Household...:
14. Total Household Income:              /
--------------------------------------------------------------------------------
***WARNING 053: Patient's RACE incomplete
================================================================================
CHANGE which item? (1-14) NONE//: 2
Select Race(s): ??
        You may enter a new RACE INFORMATION, if you wish
        Patient's race


   Choose from:
   AMERICAN INDIAN OR ALASKA NATIVE         3     1002-5
   ASIAN        A     2028-9
   BLACK OR AFRICAN AMERICAN        B    2054-5
   DECLINED TO ANSWER        D     0000-0
   NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER        H     2076-8
   UNKNOWN BY PATIENT        U     2131-1
   WHITE        W     2106-3

Select Race(s): AMERICAN INDIAN OR ALASKA NATIVE        3     1002-5
  Are you adding 'AMERICAN INDIAN OR ALASKA NATIVE' as
    a new RACE INFORMATION (the 1ST for this VA PATIENT)? No// Y  (Yes)
  METHOD OF COLLECTION: SELF IDENTIFICATION//
Select Race(s): ASIAN        A     2028-9
  Are you adding 'ASIAN' as a new RACE INFORMATION (the 2ND for this VA PATIENT)
? No// Y  (Yes)
  METHOD OF COLLECTION: SELF IDENTIFICATION//
```

Figure 2-7: Example to enter multiple races

```
IHS REGISTRATION EDITOR  (page 10)                    2013 DEMO HOSPITAL
================================================================================
DEMO,JOHN DOE              (upd:FEB 25, 2014)         HRN:T74874 DIRECT ONLY
================================================================================
                         Other Patient Data
1. Ethnicity.............: DECLINED TO ANSWER
2. Race.................: MORE THAN ONE RACE
3. Primary Language......: DECLINED TO ANSWER    Interpreter required? NO
     Other languages spoken: DECLINED TO ANSWER
4. Preferred Language....: DECLINED TO ANSWER
--------------------------------------------------------------------------------
5. Migrant Worker?.......: NO   Type:                         (upd FEB 25,2014)
6. Homeless?.............: NO   Type:                         (upd FEB 25,2014)
--------------------------------------------------------------------------------
7. Internet Access.......: YES  Where: H, S, W               (upd JAN 2,2014)
8. EMAIL ADDRESS.........: JOHNDOE@EMAIL.COM
9. GENERIC HEALTH PERMISSION:        10. PREFERRED METHOD:
11. PHR ACCESS: YES (DEC 03, 2013)   12. PHR HANDOUT: YES (DEC 03, 2013)
```

```
--------------------------------------------------------------------------------
13. Number in Household...:
14. Total Household Income:             /
--------------------------------------------------------------------------------
================================================================================
CHANGE which item? (1-14) NONE//:
```

Figure 2-8: Example display of "MORE THAN ONE RACE"

```
IHS REGISTRATION EDITOR  (page 10)                        2013 DEMO HOSPITAL
================================================================================
DEMO,JOHN DOE              (upd:FEB 25, 2014)        HRN:T74874 DIRECT ONLY
================================================================================
                            Other Patient Data
1. Ethnicity.............: DECLINED TO ANSWER
2. Race..................: MORE THAN ONE RACE
3. Primary Language......: DECLINED TO ANSWER      Interpreter required? NO
     Other languages spoken: DECLINED TO ANSWER
4. Preferred Language....: DECLINED TO ANSWER
--------------------------------------------------------------------------------
5. Migrant Worker?.......: NO   Type:                     (upd FEB 25,2014)
6. Homeless?.............: NO   Type:                     (upd FEB 25,2014)
--------------------------------------------------------------------------------
7. Internet Access.......: YES  Where: H, S, W            (upd JAN 2,2014)
8. EMAIL ADDRESS.........: JOHNDOE@EMAIL.COM
9. GENERIC HEALTH PERMISSION:        10. PREFERRED METHOD:
11. PHR ACCESS: YES (DEC 03, 2013)   12. PHR HANDOUT: YES (DEC 03, 2013)
--------------------------------------------------------------------------------
13. Number in Household...:
14. Total Household Income:             /
--------------------------------------------------------------------------------
================================================================================
CHANGE which item? (1-14) NONE//: 2
Select Race(s): ASIAN// ?
     Answer with RACE INFORMATION
   Choose from:
   AMERICAN INDIAN OR ALASKA NATIVE
   ASIAN

       You may enter a new RACE INFORMATION, if you wish
       Select from the available listing all races which best identify this
       patient
       Inactive values are not selectable

 Answer with RACE NAME, or ABBREVIATION
 Do you want the entire RACE List? N  (No)
Select Race(s): ASIAN// @
   SURE YOU WANT TO DELETE THE ENTIRE Race(s)? Y  (Yes)
Select Race(s): AMERICAN INDIAN OR ALASKA NATIVE//
  RACE INFORMATION: AMERICAN INDIAN OR ALASKA NATIVE
        //
  METHOD OF COLLECTION: SELF IDENTIFICATION//
```

Figure 2-9: Example of removing a Race when multiple races are entered.

```
FEB 25, 2014@11:24:56                                        Page: 1
================================================================================
PATIENT: DEMO,JOHN DOE                                   CHART #: T74874
================================================================================
```

```
COMPUTER FILE EST: JAN 02, 2014(DS)            LAST EDIT: FEB 25, 2014 (GT)
-------------------------------------------------------------------------------
SSN: 652699875P                       SSN STATUS: Pending Verification
CLASS: INDIAN/ALASKA NATIVE                               SEX: UNKNOWN
COMMUNITY: ROCKY BOY AGENCY                          BIRTHDAY: OCT 31, 1970
   COUNTY: HILL                                           AGE: 43 YRS
CURRENT ADDRESS:
     123 MAIN ST
     ROCKY BOY, MONTANA 14544
PHONE NUMBERS ---
HOME: 254-555-1234          WORK:
OTHER PHONE:
RACE: AMERICAN INDIAN OR ALASKA NATIVE       ETHNICITY: DECLINED TO ANSWER
PREFERRED LANGUAGE: DECLINED TO ANSWER         PREFERRED METHOD:
CURRENT EMAIL ADDRESS: JOHNDOE@EMAIL.COM
```

Figure 2-2: Example of face sheet if only one race is specified

2.5 Preferred Language in Patient Editor, Page 10

Declined to Answer is a new option in the Preferred Language field.

If a patient declines to answer their preferred language, the user may select or change to "DECLINED TO ANSWER".

The face sheet will display "DECLINED TO ANSWER".

```
IHS REGISTRATION EDITOR  (page 10)                          DEMO HOSPITAL
===============================================================================
DEMO,JOHN DOE               (upd:NOV 21, 2013)        HRN:899523 DIRECT ONLY
===============================================================================
                          Other Patient Data
1. Ethnicity.............: NOT HISPANIC OR LATINO
2. Race..................: MORE THAN ONE RACE
3. Primary Language......: ENGLISH                   Interpreter required?
    Other languages spoken: DECLINED TO ANSWER
4. Preferred Language....: DECLINED TO ANSWER
-------------------------------------------------------------------------------
5. Migrant Worker?.......:      Type:
6. Homeless?.............:      Type:
-------------------------------------------------------------------------------
7. Internet Access.......: YES  Where: H, W, M           (upd NOV 21,2013)
8. EMAIL ADDRESS.........:
9. GENERIC HEALTH PERMISSION:        10. PREFERRED METHOD:
11. PHR ACCESS:                      12. PHR HANDOUT:
-------------------------------------------------------------------------------
13. Number in Household...:
14. Total Household Income:             /
-------------------------------------------------------------------------------
***WARNING 039: Patient's Migrant Worker information incomplete
***WARNING 040: Patient's Homeless information incomplete
===============================================================================
CHANGE which item? (1-14) NONE//:
```

Figure 2-11: Example of Preferred Language and Other language fields if declined to answer is entered

```
FEB 25, 2014@11:24:56                                            Page: 1
================================================================================
PATIENT: DEMO,JOHN DOE                               CHART #: T74874
================================================================================
COMPUTER FILE EST: JAN 02, 2014(DS)        LAST EDIT: FEB 25, 2014 (GT)
--------------------------------------------------------------------------------
SSN: 652699875P                       SSN STATUS: Pending Verification
CLASS: INDIAN/ALASKA NATIVE                                 SEX: UNKNOWN
COMMUNITY: ROCKY BOY AGENCY                        BIRTHDAY: OCT 31, 1970
   COUNTY: HILL                                        AGE: 43 YRS
CURRENT ADDRESS:
     123 MAIN ST
     ROCKY BOY, MONTANA 14544
PHONE NUMBERS ---
HOME: 254-555-1234          WORK:
OTHER PHONE:
RACE: AMERICAN INDIAN OR ALASKA NATIVE      ETHNICITY: DECLINED TO ANSWER
PREFERRED LANGUAGE: DECLINED TO ANSWER        PREFERRED METHOD:
CURRENT EMAIL ADDRESS: JOHNDOE@EMAIL.COM
```

Figure 2-12: Example of face sheet of preferred language if decline to answer is selected

2.6   Preferred Method of Communication

Changed preferred method question to read "What is your preferred method of communication?"

- Changed M – MAIL to L – LETTER

- New option D – DO NOT NOTIFY

```
IHS REGISTRATION EDITOR  (page 10)                         DEMO HOSPITAL
================================================================================
DEMO,JOHN DOE              (upd:NOV 21, 2013)      HRN:899523 DIRECT ONLY
================================================================================
                          Other Patient Data
1. Ethnicity.............: NOT HISPANIC OR LATINO
2. Race..................: MORE THAN ONE RACE
3. Primary Language......: ENGLISH               Interpreter required?
     Other languages spoken: DECLINED TO ANSWER
4. Preferred Language....: DECLINED TO ANSWER
--------------------------------------------------------------------------------
5. Migrant Worker?.......: NO   Type:                    (upd NOV 21,2013)
6. Homeless?.............: NO   Type:                    (upd NOV 21,2013)
--------------------------------------------------------------------------------
7. Internet Access.......: YES  Where: H, W, M           (upd NOV 21,2013)
8. EMAIL ADDRESS.........:
9. GENERIC HEALTH PERMISSION:        10. PREFERRED METHOD:
11. PHR ACCESS:                      12. PHR HANDOUT:
--------------------------------------------------------------------------------
13. Number in Household...:
14. Total Household Income:          /
--------------------------------------------------------------------------------
================================================================================
CHANGE which item? (1-14) NONE//: 10
WHAT IS YOUR PREFERRED METHOD OF COMMUNICATIONS?: ??

     Choose from:
       P        PHONE
```

```
        E          EMAIL
        L          LETTER
        D          DO NOT NOTIFY
WHAT IS YOUR PREFERRED METHOD OF COMMUNICATIONS?:
```

Figure 2-3: Example of the revised question and new "L LETTER" and "D DO NOT NOTIFY" options

2.7 New Menu Option for PHR Access

A new menu option created for PHR to collect information if a patient is accessing their PHR and a date when it has been accessed.

The menu option is locked with AGZPHROPT security key.

This option was created for users that do not have access to the registration editor and only need to update PHR access information

```
                      PATIENT REGISTRATION
                           DEMO HOSPITAL

                        Patient Registration

     *** 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 ***


   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 ...
   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 ...
   PHR     Update patient's Personal Health Record Access
```

Figure 2-4: Example showing the Update patient's Personal Heat Record Access option

```
                      PATIENT REGISTRATION

                         DEMO HOSPITAL

          Update patient's Personal Health Record Access
```

```
    *** 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: DEMO,JOHN DOE
                                     U 12-25-1980            DH 899523
Select PHR ACCESS DATE: T   DEC 03, 2013
  Are you adding 'DEC 03, 2013' as a new PHR ACCESS DATE (the 2ND for this PATIE
NT)? No// Y  (Yes)
 Date of PHR Access: DEC 3,2013//
 Do you access your Personal Health Record?: ??

    Choose from:
      1        YES
      0        NO
 Do you access your Personal Health Record?:
```

Figure 2-5: Example of updating the patient's Personal Health Record access using the PHR main menu option

2.8   PHR Access & PHR Handout

New fields for PHR have been added to the registration editor, page 10. PHR Access and PHR Handout have been added to provide the user the ability to document if a patient has access to their PHR or if they have received the PHR handout. The PHR handout provides information to the patient on how they can access their PHR.

Each field allows for multiple dates to be collected and a status of YES or NO.

PHR Access will ask for a date then ask the question, "Do you access your Personal Health Record?"

PHR Handout will ask for a date then ask the question, "Provided PHR handout?"

```
IHS REGISTRATION EDITOR  (page 10)                          DEMO HOSPITAL
==============================================================================
DEMO,JOHN DOE                (upd:NOV 21, 2013)        HRN:899523 DIRECT ONLY
==============================================================================
                            Other Patient Data
1. Ethnicity.............: NOT HISPANIC OR LATINO
2. Race..................: MORE THAN ONE RACE
3. Primary Language......: ENGLISH                  Interpreter required?
     Other languages spoken: DECLINED TO ANSWER
4. Preferred Language....: DECLINED TO ANSWER
------------------------------------------------------------------------------
5. Migrant Worker?.......: NO   Type:                      (upd NOV 21,2013)
6. Homeless?.............: NO   Type:                      (upd NOV 21,2013)
------------------------------------------------------------------------------
7. Internet Access.......: YES  Where: H, W, M             (upd NOV 21,2013)
8. EMAIL ADDRESS.........:
9. GENERIC HEALTH PERMISSION:        10. PREFERRED METHOD: DO NOT NOTIFY
11. PHR ACCESS:                      12. PHR HANDOUT:
------------------------------------------------------------------------------
13. Number in Household...:
14. Total Household Income:           /
------------------------------------------------------------------------------
==============================================================================
```

```
CHANGE which item? (1-14) NONE//: 11
Select PHR ACCESS DATE: T   NOV 21, 2013
  Are you adding 'NOV 21, 2013' as a new PHR ACCESS DATE (the 1ST for this PATIE
NT)? No// Y  (Yes)
 Date of PHR Access: NOV 21,2013//
 Do you access your Personal Health Record?: Y
```

Figure 2-6: Example of adding PHR Access

```
IHS REGISTRATION EDITOR  (page 10)                            DEMO HOSPITAL
=============================================================================
DEMO,JOHN DOE                  (upd:NOV 21, 2013)      HRN:899523 DIRECT ONLY
=============================================================================
                           Other Patient Data
1. Ethnicity.............: NOT HISPANIC OR LATINO
2. Race..................: MORE THAN ONE RACE
3. Primary Language......: ENGLISH               Interpreter required?
    Other languages spoken: DECLINED TO ANSWER
4. Preferred Language....: DECLINED TO ANSWER
-----------------------------------------------------------------------------
5. Migrant Worker?.......: NO   Type:                        (upd NOV 21,2013)
6. Homeless?.............: NO   Type:                        (upd NOV 21,2013)
-----------------------------------------------------------------------------
7. Internet Access.......: YES  Where: H, W, M              (upd NOV 21,2013)
8. EMAIL ADDRESS.........:
9. GENERIC HEALTH PERMISSION:         10. PREFERRED METHOD: DO NOT NOTIFY
11. PHR ACCESS: YES (NOV 21, 2013)    12. PHR HANDOUT:
-----------------------------------------------------------------------------
13. Number in Household...:
14. Total Household Income:              /
-----------------------------------------------------------------------------
=============================================================================
CHANGE which item? (1-14) NONE//: 12
Select PHR HANDOUT DATE: T   NOV 21, 2013
  Are you adding 'NOV 21, 2013' as a new PHR HANDOUT DATE (the 1ST for this PATI
ENT)? No// Y  (Yes)
 Date of PHR Handout: NOV 21,2013//
 Provided PHR handout?: YES//
```

Figure 2-7: Example of adding a PHR Handout

```
IHS REGISTRATION EDITOR  (page 10)                            DEMO HOSPITAL
=============================================================================
DEMO,JOHN DOE                  (upd:NOV 21, 2013)      HRN:899523 DIRECT ONLY
=============================================================================
                           Other Patient Data
1. Ethnicity.............: NOT HISPANIC OR LATINO
2. Race..................: MORE THAN ONE RACE
3. Primary Language......: ENGLISH               Interpreter required?
    Other languages spoken: DECLINED TO ANSWER
4. Preferred Language....: DECLINED TO ANSWER
-----------------------------------------------------------------------------
5. Migrant Worker?.......: NO   Type:                        (upd NOV 21,2013)
6. Homeless?.............: NO   Type:                        (upd NOV 21,2013)
-----------------------------------------------------------------------------
7. Internet Access.......: YES  Where: H, W, M              (upd NOV 21,2013)
8. EMAIL ADDRESS.........:
9. GENERIC HEALTH PERMISSION:         10. PREFERRED METHOD: DO NOT NOTIFY
11. PHR ACCESS: YES (NOV 21, 2013)    12. PHR HANDOUT: YES (NOV 21, 2013)
```

```
--------------------------------------------------------------------------------
13. Number in Household...:
14. Total Household Income:              /
--------------------------------------------------------------------------------
================================================================================
CHANGE which item? (1-14) NONE//:
```

Figure 2-8: Example showing PHR Access and PHR Handout updated

2.9   Benefit Coordinator Screens

Two new options (O – OVER INCOME and S – SCREENING ONLY) have been added to the Overall Status of Application field on the Benefits Coordination, Page 5.

The Benefit Coordinator Productivity Report (BCP) has been updated to account for these new entries.

```
IHS REGISTRATION EDITOR  (page 5)                              DEMO HOSPITAL
================================================================================
DEMO,CAROL                  (upd:DEC 02, 2013)        HRN:140557 INELIGIBLE
================================================================================
-APPLICATIONS DATA--------------------------------------------------------------
1. Date Obtained:
2. Overall Status:
3. Type:
4. Person Receiving Application:


================================================================================
-APPLICATION SUBMISSION DATA----------------------------------------------------
DATE SUBMITTED    SUB. BY                   SUB. VIA    REASON
--------------------------------------------------------------------------------
--------------------------------------------------------------------------------
Last edited by: ADMIN,SYSTEM on Dec 02, 2013
WHEN WAS THE PATIENT'S APPLICATION OBTAINED?


Select DATE APPLICATION OBTAINED: T   DEC 02, 2013
  Are you adding 'DEC 02, 2013' as
    a new DATE APPLICATION OBTAINED? No// Y  (Yes)

APPLICATION TYPE:
OVERALL STATUS OF APPLICATION: ??

    Choose from:
     P        PENDING
     A        APPROVED
     D        DENIED
     R        RE-SUBMITTED
     RE       REFUSED
     F        FOLLOW UP NEEDED
     E        ENTERED IN ERROR
     O        OVER INCOME
     S        SCREENING ONLY
OVERALL STATUS OF APPLICATION:
```

Figure 2-9: Example of new Application with new Overall Status of Application options

```
ADMIN,SYSTEM                                                       Page 1
                                  7247
                 BENEFIT COORDINATOR PRODUCTIVITY REPORT
                          UCI: PRDMU,PRDMU
                     Report Date: DEC 4,2013@16:13:36
                   Date range From 12/4/2012 to 12/4/2013


APPLICATION
TYPE           APPROVED DENIED RESUB REFUSED FOLLOWUP ERR PENDING OVERINC SCREEN
--------------------------------------------------------------------------------

TEST APPLICATION                                              1

--------------------------------------------------------------------------------
TOTALS                                                        1

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

Figure 2-20: Example of the Benefit Coordinator Productivity Report

3.0 AG IHS Eligibility Letter

3.1 Overview

In March 2010, President Obama signed comprehensive health reform, the Patient Protection and Affordable Care Act (ACA), into law. The law makes health care more accessible and affordable for many Americans. The ACA also requires that all non-exempt individuals must enroll in minimum essential (health benefits) coverage or pay the individual shared responsibility payment. However, patients who are members of federally recognized tribes are exempt from the payment, provided they file for an exemption with either the Marketplace or with the Internal Revenue Service.

In addition, individuals who are not members of a federally recognized Indian tribe, but who are eligible for services through an Indian health care provider, as defined in 42 CFR 447.50, or are eligible for services through the IHS in accordance with 25 U.S.C. 1680c(a), (b), or (d)(3), qualify for a hardship exemption. See 45 CFR 155.605(g)(6). These patients must apply for a hardship exemption and present documentation demonstrating such eligibility.

The IHS will assist patients in obtaining the hardship exemption by providing our patients with a letter acknowledging their eligibility for IHS services. The AG IHS Eligibility Letter is used to confirm a patient's eligibility for IHS services, print the letter proving eligibility, and later verify the legitimacy of the letter.

AG v7.1 p11 includes the capability to print the AG IHS Eligibility Letter. This letter may be printed for any person who seeks to document their eligibility for IHS services in order to support their application for a hardship exemption or related purpose as described above. Only patients who have been determined to be eligible for services from an Indian health care provider should receive the letter.

Due to the importance of this document, several mechanisms have been put in place to prevent forgeries and verify the authenticity of each letter. These range from automated patient eligibility checks to encrypted unique identifiers. Additionally, a log will be kept of each AG IHS Eligibility Letter printed along with key identifying information. The content of the AG IHS Eligibility Letters will be specific to a Facility, from the signing user to the generation of the encrypted identifiers.

> **Note:** There can only be one person per Facility designated as author of the ACA IHS Eligibility Letter.

The AG IHS Eligibility Letter may be printed for any person who seeks to document their eligibility for IHS services in order to support their application for a hardship exemption or related purpose as described in Section 1.0 above. Only patients who have been determined to be eligible for services from an Indian health care provider should receive the letter.

Due to the importance of this document, several mechanisms have been put in place to prevent forgeries and verify the authenticity of each letter. These range from automated patient eligibility checks to encrypted unique identifiers. Additionally, a log will be kept of each AG IHS Eligibility Letter printed along with key identifying information. The content of the AG IHS Eligibility Letters will be specific to a Facility, from the signing user to the generation of the encrypted identifiers.

> **Note:** There can only be one person per Facility designated as author of the AG IHS Eligibility Letter.

3.2   Printing an AG IHS Eligibility Letter

To print an AG IHS Eligibility Letter:

1. Log in to the correct division.

2. From the Patient Registration Main Menu, enter the Print IHS Eligibility Letter [AGACA PRINT] menu option:

```
                         PATIENT REGISTRATION
                           DEMO HOSPITAL


                         Patient Registration


   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 ...
   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 ...
   PHR     Update patient's Personal Health Record Access
   ACA     Print IHS Eligibility Letter
   ACAV    Verify IHS Eligibility Letter

Select Patient Registration Option: ACA  Print IHS Eligibility Letter
```

As mentioned earlier in this document, only one user can be assigned the
AGZACA SIGN security key. The output displayed by the AGACA PRINT
option will show whether a user has been correctly assigned.

- If a single user has been correctly assigned the appropriate key to author the
  letter, the following output will be displayed:

```
                        PATIENT REGISTRATION

                           DEMO HOSPITAL

                     Print IHS Eligibility Letter

    *** 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 ***

Printing of this letter is restricted to Individuals who are eligible for
services through an Indian health care provider as defined in 42 CFR 447.50
or is eligible for services through the Indian Health Service in accordance
with 25 USC 1680c(a), (b), or (d)(3).

Select PATIENT NAME:
```

- If no users have been assigned the appropriate key, this will be displayed:

```
                        PATIENT REGISTRATION

                           DEMO HOSPITAL

                     Print IHS Eligibility Letter

    *** 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 ***

Printing of this letter is restricted to Individuals who are eligible for
services through an Indian health care provider as defined in 42 CFR 447.50
or is eligible for services through the Indian Health Service in accordance
with 25 USC 1680c(a), (b), or (d)(3).

<AG SIGN SECURITY KEY NOT ASSIGNED>
Press Enter to continue.:
```

- If more than one user has been assigned the appropriate key, this will be
  displayed:

```
                        PATIENT REGISTRATION

                           DEMO HOSPITAL

                     Print IHS Eligibility Letter

    *** 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 ***

Printing of this letter is restricted to Individuals who are eligible for
```

```
services through an Indian health care provider as defined in 42 CFR 447.50
or is eligible for services through the Indian Health Service in accordance
with 25 USC 1680c(a), (b), or (d)(3).

<AG SIGN SECURITY KEY ASSIGNED TO MORE THAN ONE USER>
Press Enter to continue.:
```

3. After verifying a user has been assigned the AGZACA SIGN security key, enter and select the patient's name at the "Select PATIENT NAME" prompt.

```
Select PATIENT NAME: DEMO,PATIENT ONE
                                        M 01-01-1980 XXX-XX-9991    DH 9991
```

The output displayed will indicate whether the patient is eligible to receive the AG IHS Eligibility Letter:

- If the patient is an Indian/Alaska Native and receives Direct Only/CHS or Direct Only benefits, the following output will be displayed:

```
Select PATIENT NAME: DEMO,PATIENT ONE
                                        M 01-01-1980 XXX-XX-9991    DH 9991
Press Enter to continue.:
```

- If the patient is not an Indian/Alaska Native, but still receives Direct Only/CHS or Direct Only benefits (such as Pregnant with Native American Child, or Adoptee), the following output will be displayed:

```
Select PATIENT NAME: DEMO,PATIENT TWO
                                        F 01-01-1980 XXX-XX-9992    DH 9992

>>> Warning the patient you have selected is a NON-INDIAN BENEFICIARY,
>>> but listed as eligible for services.
>>> Are you sure you want to continue to print?
PROCEED TO PRINT LETTER ANYWAY (Y/N)? NO//
Press Enter to continue.:
```

- If the patient is not an Indian/Alaska Native, and Ineligible/Pending benefits, the following output will be displayed:

```
Select PATIENT NAME: DEMO,PATIENT THREE
                                        M 01-01-1980 XXX-XX-9993    DH 9993

>>> Warning the patient you have selected is not eligible based on the
following information:
  CLASSIFICATION/BENEFICIARY : NON-INDIAN (FEE CHARGED)
          ELIGIBILITY STATUS : INELIGIBLE

Press Enter to continue.:
```

4. Print to the designated printer.

> **Note**: Be sure to select the printer designated for printing on IHS
> /Facility letterhead. Additionally, do not print the letter to
> your Home Device (computer screen), as this will be logged
> as a printed letter.

The following example shows the typical output sent to the designated printer:

```
Select PATIENT NAME: DEMO,PATIENT ONE
                                   M 01-01-1980 XXX-XX-9991    DH 9991
Press Enter to continue.:
DEVICE: HOME//   VT    Right Margin: 80//




<Date>

RE:        <First Middle Last Name>
           <Address line 1>
           <City, State  Zip>

Dear Federal or State Marketplace,

We have received a request to verify eligibility for Indian
Health Service (IHS) coverage for <First Middle Last Name>.

Upon review of our local facility data, we confirm that this
individual is an Indian eligible for services through an
Indian health care provider as defined by 42 CFR 447.50 or is
eligible for services through the Indian Health Service in
accordance with 25 USC 1680c(a), (b), or (d)(3). Eligibility
for such services under 42 CFR Part 136 has been verified at
the <Facility Name>
within the Indian Health Service <Area Prefix/Region> Area.

If you have any questions, please contact us at: <Facility Phone Number>

Sincerely,



<Signing User, Title>
<Facility Name>
<Area Prefix/Region> Area



UNIQUE IDENTIFIERS:
DOB: <Date of Birth>
SSN: <Last 4 of SSN>
<Unique Identifier>
```

3.3   Verifying an AG IHS Eligibility Letter

After the patient has delivered the AG IHS Eligibility Letter to the appropriate Federal or State Marketplace, you may be contacted to verify the authenticity of the letter. This is done with the AGACA VERIFY menu option.

To verify an AG IHS Eligibility Letter:

1. Log in to the correct division.

2. From the Patient Registration Main Menu, enter the Verify IHS Eligibility Letter [AGACA VERIFY] secondary menu option:

```
                          PATIENT REGISTRATION
                              DEMO HOSPITAL

                          Patient Registration

   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 ...
   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 ...
   PHR     Update patient's Personal Health Record Access
   ACA     Print IHS Eligibility Letter
   ACAV    Verify IHS Eligibility Letter

Select Patient Registration Option: ACAV  Verify IHS Eligibility Letter
```

3. Enter the unique identifier code given to you by the representative of the entity requesting verification:

```
                          PATIENT REGISTRATION

                              DEMO HOSPITAL

                      Verify IHS Eligibility Letter


Verify the authenticity of a printed IHS Eligibility Letter by entering the
unique identifier code given to you by the representative of the entity
requesting verification.

** NOTE: The codes printed on the IHS Eligibility Letters are unique to **
```

```
** a facility and can only be verified at the site it was printed from. **

ENTER THE UNIQUE IDENTIFIER CODE (MINIMUM 21 DIGITS):
```

4. After entering the unique identifier code at the prompt, the results of the verification are displayed in three columns:

```
ENTER THE UNIQUE IDENTIFIER CODE (MINIMUM 21 DIGITS):
9UG089QXK2TW2772QJX387

                   LETTER              RPMS                  RESULTS
                   ------------        ------------          ------------
RECORD NUMBER:  22              ...  22                      PASSED
USER:           ADM,S           ...  ADMIN,SYSTEM            PASSED
DATE/TIME:      Sep 24, 2013    ...  Sep 24, 2013@09:34:11   PASSED
PT NAME:        DEM,P           ...  DEMO,PATIENT ONE        PASSED
PT DOB:         Jan 01, 1980    ...  Jan 01, 1980            PASSED
PT SSN:         XXX-XX-9991     ...  XXX-XX-9991             PASSED
Press Enter to continue.:
```

The three columns show the following information:

- LETTER – This column shows the information extracted from the AG IHS Eligibility Letter and used to create the unique identifier code.

- RPMS – This column shows the corresponding RPMS data used to compare with the information from the letter.

- RESULTS – This column shows whether the verification of that field passed or failed.

Any fields marked as FAILED will require manual verification.

- This example shows a case where the user at the facility has had a name change since the AG IHS Eligibility Letter was printed:

```
ENTER THE UNIQUE IDENTIFIER CODE (MINIMUM 21 DIGITS):
9UG089QXK2TW2772QJX387

                   LETTER              RPMS                  RESULTS
                   ------------        ------------          ------------
RECORD NUMBER:  22              ...  22                      PASSED
USER:           ADM,S           ...  ADMIN,LOCAL             FAILED ***
DATE/TIME:      Sep 24, 2013    ...  Sep 24, 2013@09:34:11   PASSED
PT NAME:        DEM,P           ...  DEMO,PATIENT ONE        PASSED
PT DOB:         Jan 01, 1980    ...  Jan 01, 1980            PASSED
PT SSN:         XXX-XX-9991     ...  XXX-XX-9991             PASSED
Press Enter to continue.:
```

- This example shows a case where the patient information on the letter does not match that stored in RPMS:

```
ENTER THE UNIQUE IDENTIFIER CODE (MINIMUM 21 DIGITS):
9UG089QXK2U1W332QJXX83

                   LETTER              RPMS                  RESULTS
                   ------------        ------------          ------------
```

```
RECORD NUMBER:   22              ... 22                        PASSED
USER:            ADM,S           ... ADMIN,SYSTEM              PASSED
DATE/TIME:       Sep 24, 2013    ... Sep 24, 2013@09:34:11     PASSED
PT NAME:         DEM,A           ... DEMO,PATIENT ONE          FAILED ***
PT DOB:          Nov 30, 1950    ... Jan 01, 1980              FAILED ***
PT SSN:          XXX-XX-0001     ... XXX-XX-9991               FAILED ***
Press Enter to continue.:
```

- This example shows a case where the record number on the letter does not match a letter printed at this facility:

```
ENTER THE UNIQUE IDENTIFIER CODE (MINIMUM 21 DIGITS):
7UG086QXK26TW2772QJX387

                 LETTER              RPMS                    RESULTS
                 ------------        ------------            ------------
RECORD NUMBER:   100            ... 0                        FAILED ***
Press Enter to continue.:
```

Glossary

Affordable Care Act

The Patient Protection and Affordable Care Act (ACA) provides more accessible and affordable health care for many Americans. The ACA also requires that all non-exempt individuals must enroll in minimum essential (health benefits) coverage or pay the individual shared responsibility payment.

Database

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

Meaningful Use

A new health initiative project assigned to the ONC and CMS. The ONC is creating criteria for what an EHR should be able to do. CMS is creating guidelines EHR uses in the health care system.

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.

RPMS

Resource and Patient Management System. A suite of software applications used at IHS facilities to support administrative, clerical, and clinical functions.

Acronym List

ACA	Affordable Care Act
ACB	Authorized Certification Body
CAH	Critical Access Hospital
CMS	Centers for Medicare and Medicaid Services
EHR	Electronic Health Record
EP	Eligible Professionals
IHS	Indian Health Service
MU	Meaningful Use
ONC	Office of the National Coordinator
PHR	Patient Health Record
RPMS	Resource and Patient Management System

Contact Information

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

Phone: (888) 830-7280 (toll free)

Web: http://www.ihs.gov/helpdesk/

Email: support@ihs.gov