



Person Profile and Registration

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by TruBridge



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Chapter 1 Introduction

1.1 Attestation Disclaimer

Promoting Interoperability Program attestation confirms the use of a certified Electronic Health Record (EHR) to regulatory standards over a specified period of time. TruBridge's Promoting Interoperability Program certified products, recommended processes and supporting documentation are based on TruBridge's interpretation of the Promoting Interoperability Program regulations, technical specifications and vendor specifications provided by CMS, ONC and NIST. Each client is solely responsible for its attestation being a complete and accurate reflection of its EHR use during the attestation period and that any records needed to defend the attestation in an audit are maintained. With the exception of vendor documentation that may be required in support of a client's attestation, TruBridge bears no responsibility for attestation information submitted by the client.

1.2 What's New

This section introduces the new features and improvements for the **Registration Application** for release Version 22.01. A brief summary of each enhancement is given referencing its particular location if applicable. As new branches of Version 22.01 are made available, the original enhancements will be moved to the Previous Work Requests section. The enhancements related to the most current branch available will be listed under the main What's New section.

Each enhancement includes the Work Request (WR) Number and the description. If further information is needed, please contact **Client Services** Support.

Census Fields Update -- FA-12123

DESCRIPTION: The following changes have been made to the Census screens:

- Patient tab:
 - The four smoking status fields (**Smoker**, **Smk StDt**, **Smk EndDt**, **Smokeless Tobacco**) have been removed.
 - The **Religion** and **Church** fields now appear below the Military Information.
 - **Tribe** has been added below Ethnicity.
 - **Interpreter** has been added below Language.
- Clinical tab:
 - A **Tobacco/Nicotine** option has been added below Social History - Sexual. Selecting this option will launch users to the Health History category Social History Tobacco/Nicotine Use.

DOCUMENTATION: See [Demographics Information](#)⁹⁹ and [Clinical](#)¹²⁴.

Medicare # Field Added to Policy Information in Profile -- FA-13642

DESCRIPTION: The Medicare # field has been added back to the Policy Information screen of the Profile.

DOCUMENTATION: See [Contact/Billing Info](#)⁶⁸

Profile Fields Update -- FA-12135

DESCRIPTION: The following changes have been made to the Profile screens:

- Demographics tab:
 - The four smoking status fields (**Smoker**, **Smk StDt**, **Smk EndDt**, **Smokeless Tobacco**) have been removed.
 - The **Military** field has been moved above Birth Place.
 - **Tribe** has been added below Ethnicity.
 - **Interpreter** has been added below Language.
- Clinical Info tab:
 - A **Tobacco/Nicotine Use** option has been added below Social History - Sexual. Selecting this option will launch users to the Health History category Social History Tobacco/Nicotine Use.

DOCUMENTATION: See [Demographics](#)⁶² and [Clinical Info](#)⁸².

Transfer Facility Data -- FA-10526

DESCRIPTION: A new Transfer Facility Data option has been added to the Misc. Options drop-down within Census. When selected, this screen will be utilized when a patient is admitted from or discharged to another facility. Use the magnifying glass look-up to select the facility the patient was transferred to or from. The facilities in the look-up will pull from the Referring Facility table.

DOCUMENTATION: See [Transfer Facility Data](#)¹⁴⁷

Chapter 2 Overview

The Person Profile and Registration User Guide explains the process for registering patients. This guide provides detailed descriptions of the information required for each field. In addition, the user will find a step-by-step guide to assist in creating person profiles, the ADT functions, registering different types of patients and changing patient types. This guide will describe the table maintenance required for registration.

NOTE: *Facilities outside of the United States may choose a date format of MMDDYY, DDMMYY or YYMMDD to be used throughout the Person Profile and Registration application. A Support Representative will need to be contacted in order for the date format to be changed.*

Chapter 3 Registration

3.1 Overview

All patients and contacts will be listed in the system as a Person Profile. The profile listing houses basic demographic and insurance coverage information. Prior to registering a visit, a Person Profile must be created. This allows for accurate patient records and consistency throughout the registration areas. All patient visits are set up and maintained as census patients in the Patient Accounting module. The system provides an efficient means for maintaining effective control over the census and its associated functions.

3.2 Patient Stay Types

Web Client relies upon patient Stay Types to distinguish the various major categories of patients that are registered in the hospital. These Stay Types are utilized by the system to regulate revenue to the correct general ledger accounts, gather statistical information for reporting purposes, and have a major impact on the UBs and other insurance functions. The Stay Types are set up and maintained in the AHIS Control Record. The following five Stay Types are recognized:

- Stay Type 1 is for Inpatients.
- Stay Type 2 is for Outpatients.
- Stay Types 3, 4 and 5 are facility-defined.

Select **Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > AHIS > Page 4**

System Menu

+

AHIS Control Record Page 4

| Patient Types | | | | | | |
|---------------|-----------|--------------|------------|-----------------|-----------|-----------|
| -Desc- | All Maint | Census Rep's | Auto Dates | LT-Stmt Summ.YN | Ord. Days | Long Term |
| I/P | Y | Y | N | N | 000 | |
| O/P | N | N | Y | N | 000 | |
| E.R. | N | N | Y | N | 000 | |
| SNF | Y | Y | Y | Y | 000 | Y |
| CLINIC | N | N | N | N | 000 | |

Master Patient Index Y/N? ☐ Y

Birth Date? ☐ Y

Guarantor Name? ☐ Y

Medical Records Number? ☐ Y

Patient Name? ☐ Y

Social Security Number? ☐ Y

Xray Number? ☐ Y

Admit Date? ☐ Y

First-Time Stmt's Version: 2 (1-Old N/A Area 2-New)

First-Time Stmt's Ins: 2 (1-Old Ins Area 2-New)

TA System (N=No, B or W): B

M/R Charts by Acct# Y/N: Y

Acuity Months to Keep:

Normal Payroll (B/W/S/M): B

Notify Dept at Order Time ☐

LTCH: ☐ N

Prt Access: ☐

Prt Charge Item: 0

Prt Credit Item: 0

Print PO on White Paper? ☒ Y

Generic Forms

Receipts: ☐ Y

First Time Statements: ☐ Y

Cycle Statements: ☐ Y

Long Term Statements: ☐ Y

Purchase Orders: ☐ Y

Miscellaneous Use: ☐ N

PS Receipts Per Page: 1

Foreign Addresses: ☐ Y

Enterprisewide/or Sched: ☐ B

Esign Start Date: 010103

AP Interface CSNUM:

P#

AHIS Control Record, Page 4

Inpatient Registration

The process of registering an inpatient begins at the time the facility is contacted by the physician in regard to the patient's admission. A profile will be created for the patient containing any known demographic and insurance information. The patient will then be assigned a visit number, and an expected date of admission should be entered in the Registration and ADT screens. Upon the patient's arrival to the facility, any demographic and additional insurance information should be added to the person profile and the visit. Once added to the profile the information will be available for all future visits. The admission forms and labels will then need to be printed. The patient may then be admitted into a room and will appear on all Census reports.

Outpatient Registration

Patients receiving outpatient services should have their visit set up upon arrival to the facility. All demographic and insurance information should be entered on the person profile as thoroughly as possible to avoid any delays in the billing process. Since outpatients are not in the facility for extended lengths of time, it is very important for all of the insurance information to be gathered and entered during the initial registration. Once registration is complete, the outpatient/ER form may be printed.

3.3 Sub Type System

Facilities utilizing the Sub Type system will assign Sub Types during the registration process. Sub Types give facilities the ability to further breakout the Stay Types by the general ledger revenue. Although the set up of the Sub Type system is not the responsibility of the Registration Department, it is important to understand the process of implementing Sub Types during registration.

Certain fields in AHIS control which Stay Types require the assignment of Sub Types during the registration process. The Patient Sub-Types and Patient Sub-Types 1-5 fields, on page 5 of AHIS, should be set up for the purpose of assigning Sub Types. In the Patient Sub-Types field, a **Y** should be entered to turn on the Sub Type system. There are five blocks in the Patient Sub-Types 1-5 field which represent the five Stay Types. A **Y** should be entered in the appropriate block that corresponds with the Stay Types needing Sub Types.

Select Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > AHIS > Page 5

| AHIS Control Record Page 2 | | | |
|---|-------------|--------------------|------|
| Ask For Beg. Bal. Y/N: <input checked="" type="checkbox"/> N | | | |
| Suppress SSN: <input type="checkbox"/> Assign Method: <input checked="" type="checkbox"/> A | | | |
| Automatic Acct Numbers | | Nxt Blk | #Dig |
| Type 1 Patient: | 358696 | 4 | 6 |
| Type 2 Patient: | | | |
| Type 3 Patient: | | | |
| Type 4 Patient: | | | |
| Type 5 Patient: | B01226 | C | 6 |
| Psro Code..... | | | |
| Inv. Stix Y/N.. | Y | Use in CL | |
| Adm Form Phase: | XCNPSFO10A | Y | |
| E/R Form Phase: | XARPSFO10A | Y | |
| Adm/Juv. Labels: | XCNPSADLB2 | XARDSLBL3 | |
| Send Zero Due A/R Stmts: | N (Y/N) | | |
| Send A/R Stmts For Mcaid: | S (Y/N/P/S) | | |
| Send Stmts Coll. Code 3: | N (Y/N) | | |
| M/R Tran. Rep. Headings: | Y Edit Help | Y | |
| Small Bal Write-off Itm#: | 00099002 | | |
| A/R Balance Transfer #: | 00099003 | | |
| Bad Debt Item Number: | 00099001 | | |
| Armbands Program: | XOEARMBND | L | |
| Enter: | | Exit | |
| Next Page | | P# for Page Number | |

| Automatic Address | | | |
|-------------------|----|-------|--|
| MOBILE | AL | 36695 | |
| SARALAND | AL | 36675 | |
| THEODORE | AL | 36620 | |
| DAPHNE | AL | 36526 | |
| FAIRHOPE | AL | 36532 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Pat. Type | Months Since Disc To Keep | | Months Since Zero To Keep |
|-----------|---------------------------|--------|---------------------------|
| | Masters | Detail | Detail |
| 1 | 300 | 300 | 300 |
| 2 | 24 | 24 | 2 |
| 3 | 24 | 24 | 2 |
| 4 | 24 | 24 | 2 |
| 5 | 24 | 24 | 2 |

M/R Tran. Rep. Keep Days:

MS Word Transcription: ☒ N (B,C,M)

M/R Drg All Payor IF : ☐ (Y/N)

AHIS Control Record, Page 5

NOTE: After the set up for Sub Types is complete, the Sub Type field in the Patient Maintenance Control table should be set to either **Y** or **R** for those Stay Types requiring Sub Types. During the registration the cursor will then stop on the Sub Type field on the Patient tab on the Registration and ADT screen. The system will not allow the Sub Type field to be skipped until a valid Sub Type is entered if the Patient Maintenance Control table is set to **R**.

Chapter 4 Control Table Maintenance

4.1 Overview

There are several Business Office Tables that affect patient registration. These tables are setup during the initial installation but can be manipulated as needed. The following indicates fields within these tables that specifically affect patient registration and census. To access these tables from the Hospital Base Menu, select Master Selection > Business Office Tables > Business Office Table Maintenance Menu or Master Selection > Business Office Tables > Table Maintenance. Then select the desired table.

4.2 Accident Places Maintenance

Accident place codes and their associated occurrence codes are loaded in this table. An associated occurrence code may also be loaded to automatically pull to the insurance claim.

Select **Web Client > Tables > Patient Intake > Accident Places**

The screenshot shows a web application interface for 'Accident Place' maintenance. The top navigation bar includes 'Table Maintenance', 'Accident Places List', and 'Accident Place'. Below the navigation bar, there are tabs for 'Show Shared', 'Print', 'Delete', 'Save', and 'Refresh'. The main content area is titled 'Facility 1: EVIDENT COMMUNITY HOSPITAL' and contains a form for 'Accident Place Codes'. The form has three fields: 'Accident Place Code' with the value '11', 'Description' with the value 'ONSET OF SYMPTOMS/ILLNESS', and 'Occurrence Code' with the value '11'.

Accident Places Maintenance

- **Accident Place Code:** Enter a one to 3-character alpha and/or numeric code.
- **Description:** Enter a specific accident description up to 35 characters in length. This description will display when using the lookup option in the Stay tab on the Registration and ADT screen.
- **Occurrence Code:** Enter an associated occurrence code that will be used in insurance billing. This must be a valid code listed in the Occurrence Code table.

4.3 Admit / Condition Codes

Select Web Client > Tables > Patient Intake > Admit and Condition Codes

| Type | Code | Description |
|------|------|-------------|
| A | B | 41/NB |
| A | C | 42/NBPRE |
| A | D | 21/URPR |
| A | E | 17/EMER |
| A | N | 31/ELPR |
| A | U | 27/URER |
| C | G | GOOD |
| C | F | FAIR |
| C | P | POOR |
| C | E | EXPIRED |
| C | U | UNKNOWN |
| C | | |

Census Codes Table

The Admit and Condition codes may be updated by selecting the code and then selecting **Edit**, respectively. To create a new Admit or Condition code select **New**.

The Admit or Condition may be edited/updated on the Admit and Condition Code Edit screen. Each code consists of a type (A for Admit or C for Condition), a single character code, and a description may be entered using up to eight characters. This table will allow a total of 50 codes to be entered.

For insurance purposes, certain disposition codes are needed for particular admission codes. For example, an admission code of "E" (Emergency) should be loaded as "17/EMERG". The "1" pulls to locator 14 (Admission Type) and the "7" pulls to locator 15 (Admission Source) on the UB04 form.

Concept Codes may be added to the Admit Codes by selecting **Concept Codes** from the action bar. For more information on how to add concept codes, please refer to the [Table Maintenance - Patient Intake](#) documentation.

4.4 Admit Origin Codes

Select **Web Client > Tables > Patient Intake > Admit Origin Codes**

The screenshot shows the 'Admission Origin Codes List' table. At the top, it says 'Facility 1: EVIDENT COMMUNITY HOSPITAL'. Below that is a search bar and a 'Description' dropdown. The table has two columns: 'Origin Code' and 'Description'. The data rows are as follows:

| Origin Code | Description |
|-------------|----------------|
| CL | CLINIC |
| ER | EMERGENCY ROOM |
| HM | HOME |
| NH | NURSING HOME |
| WK | WORK |

Origin Table

- **Origin Code:** Enter a 2-character alpha/numeric code.
- **Description:** Enter a specific origin description up to 20 characters in length. This description will display when using the lookup option in the Stay tab on the Registration and ADT screen. Select **Delete** to delete the code.
- **Core Measures Admission Source:** Enter the code that is used to convert the admit origin code information into the Core Measures System.

4.5 Churches Table

Church codes are loaded in **Churches**. To create church codes, enter a 3-character alpha/numeric code representing a church and a description up to 35 characters in length.

Select **Web Client > Tables > Patient Intake > Churches**

The screenshot shows the 'Church Table List'. At the top, it says 'Facility 1: EVIDENT COMMUNITY HOSPITAL'. Below that is a search bar and a 'Description' dropdown. The table has two columns: 'Church' and 'Description'. The data rows are as follows:

| Church | Description |
|--------|----------------------------|
| CCC | CENTRAL CHURCH OF CHRIST |
| CHB | COTTAGE HILL BAPTIST |
| FBC | FIRST BAPTIST CHURCH |
| LFC | LITTLE FLOWER CATHOLIC |
| UMC | UNITED METHODIST CHURCH |
| UPC | UNITED PRESBYTERIAN CHURCH |

Church Table

4.6 Country Codes

Select Web Client > Tables > Patient Intake > Country Codes

Facility 1: EVIDENT COMMUNITY HOSPITAL

Search: Country Code

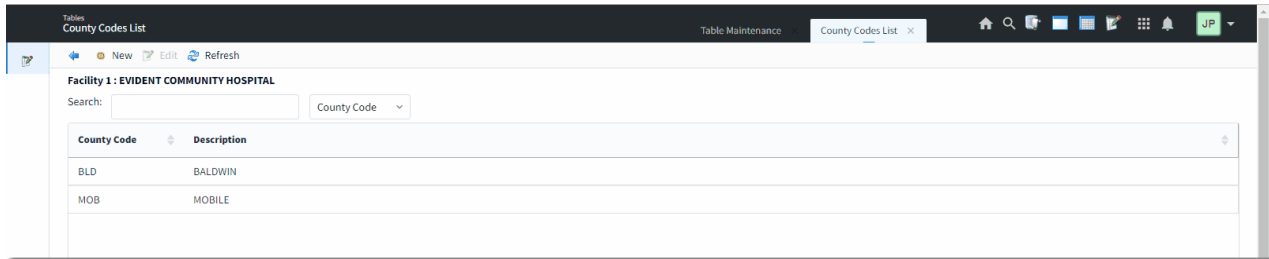
| Country Code | Description |
|--------------|----------------------|
| AC | ASCENSION |
| AD | ANDORRA |
| AE | UNITED ARAB EMIRATES |
| AF | AFGHANISTAN |
| AG | ANTIGUA AND BARBUDA |
| AI | ANGUILLA |
| AL | ALBANIA |
| AM | ARMENIA |
| AN | NETHERLANDS ANTILLES |
| ANC | CURACAO |
| AO | ANGOLA |
| AR | ARGENTINA |
| AS | AMERICAN SAMOA |
| AS1 | PAGO PAGO |
| AT | AUSTRIA |
| AU | AUSTRALIA |

Country Codes Table

- **Country Code:** Enter a 2-character alpha and/or numeric code.
- **Country Name:** Enter a specific country name. This name will display when using lookup option in the Country field on the Patient tab in the Registration and ADT screen.

4.7 County Codes

Select Web Client > Tables > Patient Intake> County Codes



The screenshot shows a web application interface for maintaining a table of County Codes. The title bar indicates 'Table Maintenance' and 'County Codes List'. The main content area is titled 'Facility 1: EVIDENT COMMUNITY HOSPITAL'. Below this, there is a search bar and a dropdown menu labeled 'County Code'. The table below has two columns: 'County Code' and 'Description'. The table contains two rows: 'BLD' with 'BALDWIN' and 'MOB' with 'MOBILE'.

| County Code | Description |
|-------------|-------------|
| BLD | BALDWIN |
| MOB | MOBILE |

County/Country Code

- **County Code:** Enter a 3-character alpha and/or numeric code.
- **Description:** Enter a specific city or county name. This name will display when using lookup option in the County field on the Patient tab in the Registration and ADT screen.

4.8 Discharge Codes

Select Web Client > Tables > Patient Intake > Discharge Codes

Table Maintenance Discharge Code List

Facility 1: EVIDENT COMMUNITY HOSPITAL

Search: Description

| Discharge Code | Description |
|----------------|--|
| J | Home Hospice |
| I | Nursing Home |
| N | Skilled Nursing Facility |
| K | Hospice in Medical Facility including Nursing Homes |
| E | Expired |
| O | Other Facility Not Elsewhere Defined |
| F | Expired at Home |
| A | Home Health |
| H | Home |
| L | Left Against Medical Advice |
| U | Expired Place Unknown |
| G | Expired in a Medical Facility such as a Hospital SNF ICF |
| M | Psychiatric Hospital or Chemical Dependence Unit |
| R | IP Rehab Facility including Rehab Distinct Parts of Hospital |
| B | Federal Health Care Facility e.g. VA Hospital |
| C | Critical Access Hospital |

Discharge Code Maintenance

- **Enter Code:** Enter a discharge code.
- **Disposition Code/Short Desc:** Discharge codes also require certain disposition codes like admission codes. For example, discharge code "H" (Home) should be entered as "01/HOME". The numeric portion of the description pulls to locator 17 on the UB04 form.
- **Long Desc:** Enter the long description for the discharge code. The long description will pull to the lookup window when discharging a patient.
- **SNOMED:** Enter the SNOMED code associated with the discharge disposition code. This may be up to 20 characters long.
- **Core Measures System Discharge Status:** Enter the code that is used to convert the discharge code information into the Core Measures System.

4.9 Employers Table

To create a new employer code, enter a 3-character, alpha/numeric code and a description up to 25 characters in length. The Employers table stores the employer's name, address and phone number. The available options in the Employer table and their descriptions are listed below:

Select **Web Client > Tables > Patient Intake > Employers**

The screenshot shows a web application interface for editing an employer table entry. The form is titled "Employer Table Edit" and contains the following fields and values:

| Field | Value |
|----------------|--------------------------|
| Employer Code: | EVI |
| Name: | EVIDENT |
| Address 1: | 6600 WALL STRE |
| Address 2: | |
| City: | MOBILE |
| State: | AL |
| Zip Code: | 36695 |
| Phone: | 8007112774 |
| Inactive: | <input type="checkbox"/> |
| Industry Code: | |

The form includes a "Save" button and a "Delete" button. The browser window shows "Table Maintenance" and "Employer Table List" tabs.

Employers Table

- **Employer Code:** Enter a 3-character alpha and/or numeric code.
- **Name:** Enter the employer's name.
- **Address 1:** Enter the employer's street address or Post Office Box number.
- **Address 2:** Enter the employer's other address if applicable.
- **City, State, Zip Code:** Enter the City, State and Zip Code in which the employer is located.
- **Phone:** Enter the employer's area code and phone number. Do not separate numbers with any punctuation marks.
- **Inactive:** Selecting this field will disallow the Employer code to show in a lookup option or be entered in Web Client. This employer may be activated at anytime by deselecting this field.
- **Industry Code:** Using the magnifying glass lookup, select the Industry Code associated with the employer. This field is used for the Cancer Registry and Healthcare Survey's for Meaningful Use.

Select **Save** if any changes are made.

4.10 Registration Screening

The Registration Screening table is used by facilities wanting the Ebola Virus Initial Screening questionnaire to display during registration. If set to Active, the questionnaire will display once a temporary visit, or hospital visit, has been created.

Select **Web Client > Tables > Patient Intake > Registration Screening**

Registration Screening Table

- **Type:** This field will display either Clindoc or Eform. If the facility is using the Documentation library, "Clindoc" will display, otherwise, it will display "Eform". This will determine where the questionnaire will pull from. This field may not be manipulated.
- **Title:** The field will display the title of the document. The only document that will display at this time is the Ebola Virus Initial Screening. This field may not be manipulated.
- **Active:** Select this field to activate the questionnaire so that it will display automatically during registration. If this field is set to inactive, the questionnaire will not display.

4.11 Emergency Room Log Codes

The mode of arrival, disposition and triage level codes are assigned to a patient in the Emergency Room Log located on the Registration and ADT screen.

Arrival Modes

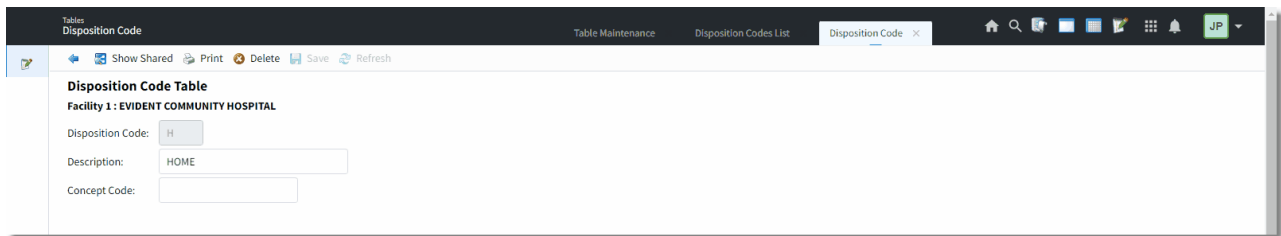
Select **Web Client > Tables > Patient Intake > Arrival Modes**

Arrival Modes Table

- **Arrival Code:** Enter a 2-character alpha and/or numeric code.
- **Description:** Enter the specific Mode of Arrival using up to 30 characters. This name will display when using the ER Log from the Registration and ADT screen in the Mode of Arrival field.

Disposition Codes

Select **Web Client > Tables > Patient Intake > Disposition Codes**

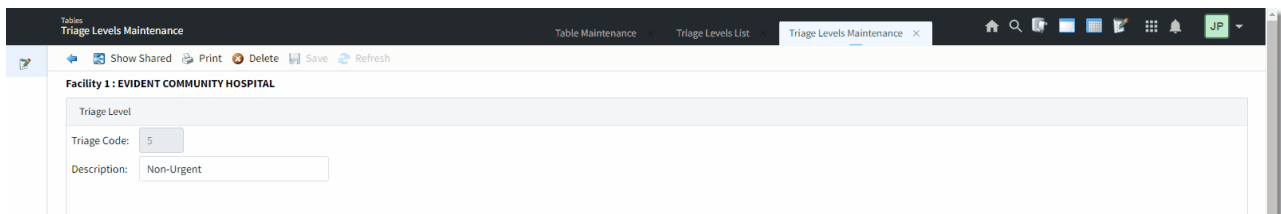


Disposition Codes Table

- **Disposition Code:** Enter a one-character alpha or numeric code.
- **Description:** Enter the specific Disposition Code using up to 30 characters. This name will display when using lookup option in the Disposition field on the ER Log.
- **Concept Code:** Enter in the Concept Code using up to 20 characters. This field will be used for Meaningful Use.

Triage Levels

Select **Web Client > Tables > Patient Intake > Triage Levels**



Triage Levels Table

- **Triage Code:** Enter a one-character alpha or numeric code.
- **Description:** Enter a specific Triage Level using up to 30 characters. This name will display when using lookup option in the Triage Level field in the ER Log.

4.12 Ethnicity Codes

The Ethnicity Code table is used to create a listing of ethnicity codes used in patient registration and census functions.

Select **Web Client > Tables > Patient Intake > Ethnicity Codes**

The screenshot shows a web application interface for managing 'Ethnicity Codes'. At the top, there are tabs for 'Table Maintenance', 'Ethnicity Codes List', and 'Ethnicity Code'. The 'Ethnicity Code' tab is active. Below the tabs, there is a toolbar with icons for 'Show Shared', 'Print', 'Delete', 'Save', and 'Refresh'. The main form is titled 'Ethnicity Codes' and 'Facility 1: EVIDENT COMMUNITY HOSPITAL'. The form contains the following fields: 'Ethnicity Code' with a dropdown menu showing 'H'; 'Description' with a text input field containing 'Hispanic or Latino'; 'Core Measures' with a dropdown menu showing 'Y'; 'Abstracting' with a text input field; 'MU Value' with a magnifying glass icon and a dropdown menu showing '2135-2' and 'Hispanic or Latino'; and 'State Quality Reporting' with a text input field.

Ethnicity Table

- **Ethnicity Code:** Enter the 1-character ethnicity code that will be chosen during Registration.
- **Description:** Enter the description of the ethnicity code. This may be up to 25 characters long and will display when using the lookup option.
- **Core Measures:** This field will default to **Y** for ethnicity code H-Hispanic/Latino, **N** for ethnicity codes N-Non-Hispanic and U-Declined to Specify. If a new ethnicity code is created, enter a **Y** for Hispanic ethnicity codes or a **N** for Non-Hispanic ethnicity codes.
- **Abstracting:** Enter the state abstracting value.
- **MU Value:** Using the magnifying glass lookup, select the MU Standard Value associated with the ethnicity code. Leave this field blank if there is not a code to match the ethnicity. The description of the MU Value code loaded here will pull to the Ethnicity field on the CCD.

NOTE: The following ethnicity codes are pre-loaded: H-Hispanic/Latino, N-Non-Hispanic/Latino, and U-Declined to Specify.

4.13 Race Codes

Select Web Client > Tables > Patient Intake > Race Codes

The screenshot shows the 'Race Code' form within the 'EVIDENT COMMUNITY HOSPITAL' system. The form includes the following fields and values:

- Race Code:** AFAMER
- Description:** AFRICAN AMERICAN
- Core Measures Value:** 2 - Black
- MU Value:** 2054-5 Black or African American
- Abstracting:** (empty field)
- State Quality Reporting:** (empty field)

Patient Race Table

- **Race Code:** Enter the race code that will be entered during registration, this may be up to six characters.
- **Description:** Enter the description of the race code. This may be up to 30 characters long and will display when using the lookup option.
- **Core Measures Value:** Using the drop-down menu, select the code that is used to convert the race code information into the Core Measures System.
- **MU Value:** Using the magnifying glass lookup, select the MU Standard Value associated with the race code. Leave this field blank if there is not a code to match the race. The description of the MU Value code loaded here will pull to the Race field on the CCD.
- **Abstracting:** Enter the state abstracting value.

4.14 Religions Table

Religion codes are setup in Religions. To create religion codes, enter a 2-character, alpha/numeric code and a description up to 15 characters in length. (Ex: BA-Baptist, CA-Catholic, etc.)

Select Web Client > Tables > Patient Intake > Religions

The screenshot shows the 'Religion' form within the 'EVIDENT COMMUNITY HOSPITAL' system. The form includes the following fields and values:

- Religion ID:** CA
- Description:** CATHOLIC

Religion Table

4.15 Room Accommodation

Accommodation codes are used when a rate other than the standard room rate is needed. For example, an observation patient occupying a semi private room should not receive the standard room rate of \$300.00; therefore, accommodation code "OB" (Observation) with a rate of \$0.00 will be assigned.

Select **Web Client > Tables > Patient Intake > Room Accommodation**

The screenshot shows the 'Room Accommodation Maintenance' form. The form is titled 'Room Accommodation' and 'Facility 1: EVIDENT COMMUNITY HOSPITAL'. It contains the following fields:

- Accommodation Code: PT
- Description: PRIVATE ROOM
- Room Type: P
- Room Rate: 483.85
- Room Summary Code: 01
- Room Stix Code:
- Revenue G/L Num: 30000003
- Other Charges: Y
- Future Rate: 0.00
- Future Date:
- Stay Types:
- Healthcare Service Location:
- Accommodation Concept Value:

- **Accommodation Code:** Enter a 2-character accommodation code.
- **Description:** Enter a description using up to 25 characters.
- **Room Type:** Enter the 1-character code representing the type of room (i.e., S-Semi-Private, I-ICU).
- **Room Rate:** Enter the charge for this accommodation code. This amount will override the rate loaded in the Rooms table and will be charged to the patient's account when the Final Census is printed.
- **Room Summary Code:** Enter the TruBridge Summary Code designated for room revenue.
- **Room Stix Code:** This field is no longer used.
- **Revenue G/L Number:** Enter the general ledger number that will receive this revenue. If this field is blank, the system will default to the general ledger number loaded in the Room Summary Code. If that field is also blank, the system will default to the general ledger number in the summary code loaded in the Rooms table.

- **Other Charges Y/N:** Entering **Y** will include any other charges set in the Rooms table (i.e., phone, special equipment). The charges will post to the patient's account when the Final Census is printed. **N** will exclude these charges on the Final Census.
- **Future Rate/Date:** Enter the future rate for this accommodation code and the date the rate increase should become effective.
- **Stay Types:** Enter the Stay Types that will use this accommodation code.
- **Healthcare Service Location:** Enter the National Healthcare Safety Network (NHSN) Location Code for this department. This code will be used for Healthcare Survey, Antimicrobial and Cancer Registry reporting. The NHSN Location Codes displayed in the look-up are maintained by TruBridge.
- **Accommodation Concept Value:** Enter the appropriate Observation or ICU Concept Value. Select the magnifying glass to display a listing of available codes. This field is used for Quality Measures only.

4.16 Room Types

The Room Types Table stores the description of room types available (Ex: P-Private, S-Semi Private).

Select **Web Client > Tables > Patient Intake > Room Types**

Room Type Table

This table defines a one-digit code that is used in maintenance of the Room Table and Accommodation Code Table. Enter the Room Type and Description of the Room Type Code in the corresponding fields.

4.17 Rooms

Each patient room in the facility should be setup in the Room Maintenance table. When additions or changes are made to the Room table, the Regenerate Room File (Singleuser), in Special Functions, needs to be run. Select Rooms, in the Business Office Tables in order to access the Room Maintenance table. The following are descriptions of each field.

Select **Web Client > Tables > Patient Intake > Rooms**

The screenshot shows the 'Room Maintenance' form for 'Facility 1: EVIDENT COMMUNITY HOSPITAL'. The form is divided into several sections:

- Room Information:**
 - Room Number: 132-2
 - Description: (empty)
 - Room Type: (empty)
 - Room Rate: 0.00
 - Room Summary Code: (empty)
 - Room Status: EMPTY
 - Phone Number: 0
 - Phone Rate: 0.00
 - Phone Summary Code: (empty)
 - Future Rate: 0.00
 - Future Date: (empty) (mmddyyyy)
 - Nursing Station: 132
 - Counted in Statistics: (empty)
 - Maximum Occupancy: 1
 - Room Active: ☒
 - Show When Empty: ☒
 - Number of ARDS Sheets: 0
 - Number of ADM Forms: 0
- Special Equipment:**
 - Rate: 0.00
 - Summary Code: (empty)
- Other Equipment:**
 - Rate: 0.00
 - Summary Code: (empty)
- Printer Number:** (multiple empty fields)

- **Room Number:** This field will accept a 5-digit code. Dashes and letters may be used.
- **Description:** Enter a brief facility-defined description of the room. This field will accept 25 characters.
- **Room Type:** Enter the 1-character code representing the type of room (Ex: **S**-Semi Private, **P**-Private, **N**-Nursery, **I**-ICU and **C**-CCU).
- **Room Rate:** Enter the amount to be charged to the patient account. This will be charged to the patient's account when the final census is run unless overridden with an accommodation code.
- **Room Summary Cd:** Enter the TruBridge Summary Code designated for room revenue, containing the correct general ledger number and revenue code for billing.
- **Room Status:** If the room is occupied, the patient's account number and name will appear next to this field. If the room is unavailable to patients, place an **X** in this field.
- **Phone Number:** Enter the phone number for the phone located in the room.

- **Phone Rate:** Enter the rate to be charged for the phone in the room. This will be charged to the patient's account when the Final Census is run.
- **Phone Summary Cd:** Enter the TruBridge Summary Code designated for the phone charge, containing the correct general ledger number and revenue code for billing.
- **Future Rate: Future Date:** This field allows for a future increase in the room rate to be loaded in advance. The Future Date is the date this rate change will take effect.
- **Nursing Station:** This field represents the nursing station where the room is located.
- **Counted In Statistics:** A **Y** will include this room in Administrative Statistics report. An **N** will exclude this room from the report in Executive Information. A **C** will allow any patients transferred from this room to a room counted in statistics to be included in the Administrative Statistics report. Example: If an observation patient is admitted to a holding room (a non statistic room) and later moved to an inpatient room (one marked to count in statistics), this account will be included in census statistics.
- **Maximum Occupancy:** Allows a room to be used more than once, such as a Waiting Room. This field is used in conjunction with the Tracking Board.
- **Room Active:** If not selected, the room is not available for transfer. This field is used in conjunction with the Tracking Board.
- **Show When Empty:** When Maximum Occupancy is set for more than two, only one room will display. Once a patient is assigned, the location will become available. If deselected, the room will not display on the Tracking Board when empty.
- **No. of ARDS Sheets: Printer #:** This field allows for additional pages of ARDS labels to be automatically printed when a patient is admitted to a room. The printer number can specify where the labels will print, or if left blank, they will print to the default location setup for the ARDS labels.
- **No. of ADM Forms: Printer #:** Enter the number of admit forms to print automatically when a patient is admitted to this room. Enter the desired printer number where the forms should print.

Special Equipment

- **Rate:** Enter the rate of any special equipment in the room. This will be charged to the patient's account when the Final Census is run.
- **Summary Cd:** Enter the TruBridge Summary Code designated for the special equipment, containing the correct general ledger number and revenue code for billing.

Other Equipment

- **Rate:** Enter the rate of other equipment in the room. This will be charged to the patient's account when the Final Census is run.
- **Summary Code:** Enter the TruBridge Summary Code designated for the other equipment, containing the correct general ledger number and revenue code for billing.

4.18 Service Codes

The Service Codes table stores service code descriptions and allows the codes to be prioritized in census reports.

Select **Web Client > Tables > Patient Intake > Service Codes**

The screenshot shows a web application window titled 'Table Maintenance' with a tab labeled 'Service Codes List'. The window contains a form for editing a service code. The form fields are as follows:

- Service Code:** A text box containing the letter 'M'.
- Short Description:** A text box containing the word 'MEDICAL'.
- Long Description:** A text box containing the word 'MEDICAL'.
- Inform Patient Type code:** A text box containing the number '0'.
- Prioritize in Census Reports:** A checkbox that is currently unchecked.
- Subject to LAMSC:** A checkbox that is currently unchecked.
- Include in OP Surgery Stats:** A checkbox that is currently unchecked.
- Inactive:** A checkbox that is currently unchecked.

Service Code Maintenance

- **Service Code:** Enter a one or 2-character service code.
- **Short Description:** Enter an 8-character short description.
- **Long Description:** Enter a long description up to 31 characters in length.
- **Inform Patient Type Code:** This code is required if utilizing the Quorum Inform Interface.
- **Prioritize in Census Reports (Y/N):** Enter **Y** to include this service code in the totals section of the Pre and Final Census reports.
- **Subject to LAMSC (Y/N):** Enter **Y** if this service code is subject to the Louisiana Mandated Service Charge.
- **Include in 1-Day Surgery Stats (Y/N):** Enter **Y** to include accounts with this service code in 1-Day Surgery Statistics in Executive Information.
- **Inactive:** Enter **Y** if this code should not display in the Patient Service Code Lookup window on the Visit Information screen or the Patient tab on the Registration and ADT screen. The inactive service code may still be entered but will not display in the lookup.

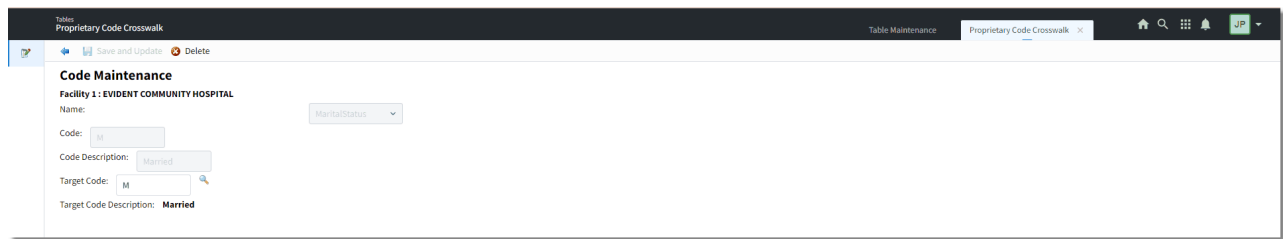
Selecting **Delete** will delete the code displayed.

4.19 Proprietary Code Crosswalk

The Proprietary Code Crosswalk table is used to link previously used marital status codes to the correct standard use codes that pull to all CCDA documents. There are 12 Target Codes to be used.

NOTE: If this table is not updated and mapped to the correct code and description, the Marital Status lookup will display duplicated codes.

Select **Web Client > Tables > Business Office > Proprietary Code Crosswalk > Edit**



Proprietary Code Crosswalk

- **Name:** This field will default to MaritalStatus.
- **Code:** The martial status code that will be used to define the marital status of the patient. This code will display in the Martial Status lookup on the profile and visit.
- **Code Description:** The description that will display next to the martial status code in the Marital Status lookup. Once a Target Code is selected, this field will auto-populate the associated description.

NOTE: If a description is manually populated in this field, it will be overwritten once a Target Code is selected.

- **Target Code:** Select the lookup to display a list of hardcoded Target Codes. Select the appropriate Target code to be associated with the martial status code. The codes are as follows:
 - **A** - Annulled
 - **C** - Common Law
 - **D** - Divorced
 - **T** - Domestic Partner
 - **I** - Interlocutory
 - **L** - Legally Separated
 - **M** - Married
 - **S** - Never Married
 - **P** - Polygamous
 - **W** - Widowed
 - **U** - Unmarried
- **Target Code Description:** The description of the Target Code that was selected will display in this field.

4.20 Insurance Company Maintenance

Each Insurance Company Maintenance table controls several options that affect the registration of a patient. Each Insurance Company Maintenance table individually controls the financial classes available, the insurance company demographics and the fields accessed on the Policy Information screens during registration.

Insurance Selection

Facilities may limit the financial class codes available for each patient visit based on the account's Stay Type. This is determined for each financial class based on the settings on page 7, Display in Lookup for Stay Type and the Active fields in the Insurance Company table.

Select **Web Client > Tables > Business Office > Insurance Companies > Page 7**

Insurance Company Maintenance Page 7

Facility 1: EVIDENT COMMUNITY HOSPITAL
Insurance Company Number: BB

Print Intermediary: Unassigned
Electronic Intermediary: BUAL50 - B/C OF ALABAMA

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Long-Term Acute Care Rates

Display in Lookup for Stay Type: ☐ 1 ☒ 2 ☒ 3 ☐ 4 ☐ 5

Active?: ☒

Inactive Date:

Send in CHS SSI File? ☐

Use HIPAA Patient Relationship Codes? ☒

As of Date: 12/30/2009

Clinic Code:

Hospital Address 2 to UB? ☐

Finish Tickler when Rejected? ☐

Conv Factor for Phar Charges? ☒

Physician Reim %: 0.00

3 Decimal Places for Room Rates? ☐

Medicare Adv. ☐ Ins:

ASC Summary Code:

Linked F/C Code:

POA: ☒

IP Deductible

Current Amount: 0.00
Date:
Prior Amount: 0.00

PHP Per Diem

Current Amount: 0.00
Date:
Prior Amount: 0.00

Additional Combine Summary Codes

| | | | | | |
|-----------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Base Code: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Combined Codes: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Base Code: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Combined Codes: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Insurance Company Maint., Page 7

- **Display in Lookup for Stay Type:** Enter **Y** for each Stay Type that will use this financial class code.
- **Active? (Y/N) Inactive Date:** Enter **Y** if this financial class code can be used. Enter **N** and an inactive date to stop the use of this financial class code.

Insurance Company Demographics

After an insurance code is added to the Person Profile or the Guarantor/Ins tab on the Registration and ADT screen, the Policy Information screen is accessed to add the patient's insurance information. The insurance company demographics pull from the Insurance Company Table, page 1.

Select **Web Client > Tables > Business Office > Insurance Companies > Page 1**

Insurance Company Information
Facility 1: EVIDENT COMMUNITY HOSPITAL
Insurance Company Number: BB

Print Intermediary: Unassigned
Electronic Intermediary: BUAL50 - B/C OF ALABAMA

Page 1 | Page 2 | Page 3 | Page 4 | Page 5 | Page 6 | Page 7 | Page 8 | Page 9 | Policy Information | Detail Benefits

| | | | |
|--------------------|-------------------------------------|-----------------------|-------------------------------------|
| Name: | BLUE CROSS BLUE SHIELD OP | P.S.R.O. Code: | |
| Foreign: | <input type="checkbox"/> | Ask Reimburse Amount: | <input checked="" type="checkbox"/> |
| Address: | | Reject After #Days: | 35 |
| Address 1: | 450 RIVERCHASE PKWY EAST | Submitter ID#: | SUBID |
| Address 2: | | Auto Gen I/P's: | <input checked="" type="checkbox"/> |
| City: | BIRMINGHAM | Auto Gen O/P's: | <input checked="" type="checkbox"/> |
| State: | AL | Primary Cov Rate: | 1.00 |
| Zip: | 35298 | Secondary Cov Rate: | 0.00 |
| Ins Provider: | 8002928868 | Lag Days: | 3 |
| Ins Phone 1: | | Multiple 1500's: | <input type="checkbox"/> |
| Ins Phone 2: | | M/R Complete: | <input checked="" type="checkbox"/> |
| Ins Website: | | Contractual %: | 0.0000 |
| Form Code: | U | Contractual GL#: | 50115000 |
| Journal Insurance: | <input checked="" type="checkbox"/> | Other AR GL#: | 0 |
| Provider Number: | | UB Type of Bill: | 131 |
| Ask DRG Number: | <input type="checkbox"/> | Summarize O/P Ins: | <input type="checkbox"/> By Item#: |
| | | Auto Write-Off: | C |

Insurance Company Record Maint., Page 1

Medicare Questionnaire

The Medicare Questionnaire control is located on the Insurance Company Maintenance table, page 4, Medicare Questionnaire field. This field determines if the Medicare Questionnaire will appear during the registration process.

- The following options are available:
 - Y:** The cursor will go directly to the Medicare Questionnaire after completing the Guarantor/Ins tab in the Registration and ADT screen, if this financial class is primary.
 - N:** The Medicare Questionnaire will not display during the registration process.
 - M:** The Medicare Questionnaire will appear after the Fin. Class field on the Guarantor/Ins tab in the Registration and ADT screen is completed, if this financial class is primary.
 - A:** The Medicare Questionnaire will appear either after the admit date is entered on the Stay tab or Admit is completed in the ADT Functions, if this financial class is primary.
 - 1:** The cursor will go directly to the Medicare Questionnaire after completing the Guarantor/Ins tab in the Registration and ADT screen, if this financial class is primary, secondary or tertiary.
 - 2:** The Medicare Questionnaire will appear either after the admit date is entered on the Stay tab or Admit is completed in the ADT Functions, if this financial class is primary, secondary or tertiary.

Select Web Client > Tables > Business Office > Insurance Companies > **Page 4**

Insurance Company Maintenance

Facility 1: EVIDENT COMMUNITY HOSPITAL

Insurance Company Number: BB

Print intermediary: Unassigned

Electronic intermediary: BUAL50 - B/C OF ALABAMA

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Payer ID: 00562

Medicare Questionnaire: **Y**

Phy Signature 1500.31: N

Pull DRG to Locator 71: M

Abstracting Payer ID: A

State Cost/Charge Ratio: 1

State CCR as of Date: 2

Prior State CCR: Verify: ☐

Max chg lines on claim: Summary Code:

APC Reimburse: ☐

Non-Covered Sum-CD:

HCFA-1500 8 Digit Dates:

Precertification Phone#: 0

Skilled Nursing Prospective Payment System: ☒

Flag Multiple Primaries: ☒

Suppress Covered Days:

Verification Accts:

Calc DRG via LTCH table: ☐

Autocompute DRG: ☐

EOB (837) Indicator: ☒

ERA Group:

Retail Pharmacy Due from Third Party: 00000000

Third Party Write-Off: 00000000

Auto Gen Ready-to-Bill: B

APC M/R Verify Require: N N

APC Group:

Ask for Rejection Code: ☒

Critical Access Hospital: N Elec: ☐

HH Service Dates:

Print Ins Addr Loc 38:

Print Ins Addr Loc 80:

UB Chgs to 1500: N

Insurance Company Maint., Page 4

Access to fields within the Medicare Questionnaire may be controlled in the Insurance Company table. A **Y** will stop the cursor on the field; however, the field may be skipped without entering information. An **N** will bypass fields during the registration process. An **R** (required) will stop the cursor on the field and cannot be bypassed without entering information.

Select **Web Client > Tables > Business Office > Insurance Companies > Page 8**

Insurance Company Maint., Page 8

Policy Information Control

The Policy Information Control table will determine which fields of the Policy Information screens should be completed during registration for each financial class. This table is located in the Insurance Company Maintenance table page 4, Policy Info Controls.

Selecting this will display the field numbers from pages one and two of the Policy Information screen. Page one of Policy Information stores the insurance company information, subscriber and policy information of the patient's insurance such as contract number and group name and number. Page two of the Policy Information is identical to the Policy Detail Benefits screen in Insurance.

The acceptable settings for the Policy Information Control table are **Y**, **N** and **R**. A **Y** will stop the cursor on selected fields on page one and two but will allow the field to be skipped without entering information. An **N** will have the cursor skip the selected fields on page one and two. An **R** will stop the cursor on selected fields and will require information to be entered before advancing to another field.

Select Web Client > Tables > Business Office > Insurance Companies > Policy Information

Tables Insurance Company Table Maintenance Insurance Company List Insurance Company x

Save Show Shared Print Delete Refresh Separate Claims Room Type Coverage

Insurance Company Information
 Facility 1: EVIDENT COMMUNITY HOSPITAL
 Insurance Company Number: BB

Print Intermediary: Unassigned
 Electronic Intermediary: BUAL50 - B/C OF ALABAMA

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| Insurance Company | | Policy Information | | Contract Management | |
|-------------------|---|--------------------|---|---------------------|---|
| Name: | N | Contract #: | R | Network: | Y |
| Address-1: | N | Primary: | R | Plan: | Y |
| Address-2: | N | Group Name: | Y | | |
| City/State/Zip: | N | Group #: | R | | |
| Phone: | Y | Relation: | R | | |
| Contact: | Y | Sex: | R | | |
| | | Birth: | R | | |
| | | Miscellaneous | | | |
| Subscriber | | | | | |
| Name: | Y | Claim Approval | | | |
| Address-1: | Y | Sent/Received: | Y | | |
| Address-2: | Y | Precert#/Type | Y | | |
| City/State/Zip: | Y | Phone: | Y | | |
| Employer: | Y | | | | |
| Address: | Y | | | | |
| | | Misc #3: | N | | |
| | | GBHC: | N | | |
| | | Medigap #: | N | | |
| | | Clinic Cd: | Y | | |
| | | Payer ID: | N | | |
| | | EOB Indicator: | N | | |
| | | EID: | N | | |
| | | ESC: | R | | |
| | | Release of Info: | N | | |
| | | Direct Pay: | N | | |
| | | Ben. Desc: | Y | | |

Insurance Control Record Policy Information, Policy Information

Select Web Client > Tables > Business Office > Insurance Companies > Detail Benefits

Tables Insurance Company Table Maintenance Insurance Company List Insurance Company x

Save Show Shared Print Delete Refresh Separate Claims Room Type Coverage

Insurance Company Information
 Facility 1: EVIDENT COMMUNITY HOSPITAL
 Insurance Company Number: BB

Print Intermediary: Unassigned
 Electronic Intermediary: BUAL50 - B/C OF ALABAMA

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| | | | |
|------------------|---|-----------------------|---|
| Full Days: | Y | Covered Room Rate: | Y |
| CO Days: | Y | Prior Payment: | Y |
| Life Days: | Y | Prior Payment Code: | Y |
| Blood Deduct: | Y | Special Program ID: | Y |
| Part-A Deduct: | Y | EPSDT Referral Given: | Y |
| CO-Pay Rate: | Y | EPSDT CCC: | Y |
| CO-Pay Limit: | Y | PSRO Approval From: | Y |
| Semi-Pvt Rate: | Y | PSRO Approval To: | Y |
| Per Diem Rate: | Y | Misc #4: | Y |
| Life Days Used: | Y | Misc #5: | |
| Covered Days: | Y | Misc #6: | Y |
| Non-Cov Days: | Y | LTCH Coverage End: | Y |
| Co Days Used: | Y | Delay Reason: | Y |
| Effective Date: | Y | | |
| Coverage %: | Y | | |
| Date Care Ended: | Y | | |

Insurance Control Record Policy Information, Detail Benefits

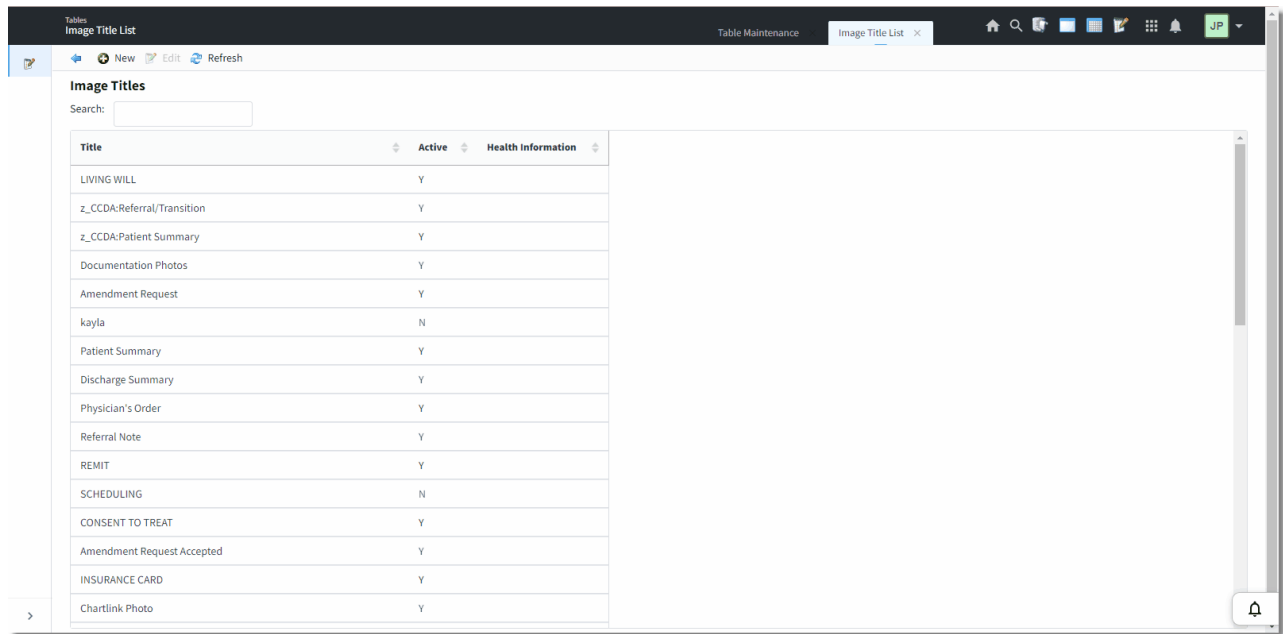
4.21 Image Titles

The Image Titles table is utilized with scanning within Electronic File Management. An image title for each type of document that will be scanned should be set up.

Titles

Image titles for each type of document that will be scanned, or uploaded, to a patient's account will need to be created. To view a listing of current image titles, select **Titles** from the Business Office tab in Table Maintenance.

Select **Web Client > Tables > Business Office > Titles**



| Title | Active | Health Information |
|----------------------------|--------|--------------------|
| LIVING WILL | Y | |
| z_CCDA-Referral/Transition | Y | |
| z_CCDA-Patient Summary | Y | |
| Documentation Photos | Y | |
| Amendment Request | Y | |
| kayla | N | |
| Patient Summary | Y | |
| Discharge Summary | Y | |
| Physician's Order | Y | |
| Referral Note | Y | |
| REMIT | Y | |
| SCHEDULING | N | |
| CONSENT TO TREAT | Y | |
| Amendment Request Accepted | Y | |
| INSURANCE CARD | Y | |
| Chartlink Photo | Y | |

Image Titles

To create a new image title, select **New** from the action bar.

Select Web Client > Tables > Business Office > Titles > New

Image Title Edit

- **Title:** Enter a 30-character description. Once this description has been entered, any changes to the title will not be allowed. In other words, any documents scanned under an original title will remain under that title.
- **Phase Permitted:** Enter the department Phase ID that should have access to the image.
- **Department Permitted:** If additional departments, that do not share the above-entered Phase ID, should have access to the image, enter those departments in the spaces provided in “Depts Permitted”. Up to 20 departments may be entered. If “Phase Permitted” is blank, the system will use the department settings to determine image-viewing capabilities. If both “Phase Permitted” and “Depts Permitted” are blank, any facility employee will have access to the scanned images.

To determine a department’s Phase ID, review Departmental Security settings within Special Functions. From the system menu screen, select **Special Functions**. Access **System Management**. Select **System Security** and **Department Security** settings. When a department number is entered, the Departmental Phase ID will display. Some departments do not require a “Phase ID” for daily operations.

- **Physician Link IDs:** Selecting this option allows access to scanned images via Medical Practice Access.
- **ChartLink Physicians:** This option allows up to 20 physicians to be entered. Enter the physician number to allow that provider access to that specific Image Title when using the ChartLink Virtual Chart feature to scan images directly into ChartLink. Enter an “*” in the first field to allow all physicians.

- **Currently Used?:** For active image titles, this field should be selected. For those titles that have been discontinued, misspelled or changed, leave this field blank so that no further images may be scanned for this title.
- **Copy Forward:** If this field is selected, and a patient who has been seen at the facility before, is registered then this Image Title, along with the scan from the original account, will copy to the new registration. If this option is blank, no scans from the original account will copy over to the new registration.
- **Image Deletion Allowed:** Select this field to allow the stored image to be deleted. If blank, the stored image may not be deleted.
- **Enter Document Date:** If this field is selected, during the scanning process the system will prompt for a document date. The default will be the current date. The date entered will display next to the Image Title on the patient's account.
- **Flag Images On-File:** If this field is selected for an Image Title, and the title is associated with a patient's account, the account will be flagged with "Scanned Images On-File".
- **Alternate Title Prompt:** If this field is selected, during the scanning process the system will prompt for an alternate title. The alternate title will display on the patient's account with an "*" to denote it is not the original title of the image.
- **Health Information:** If this field is selected, the image title will be identified in Electronic File Management as a clinically relevant document for the visit.
- **Allow E-Sign:** Select this option to allow a scanned image to be E-Signed.
- **Chartlink Tab:** This determines which of the 16 ChartLink Tabs the scanned Image Title will display.
- **Chartlink Icon:** This allows an icon to display on the Whiteboard in ChartLink to notify the physician of a new scanned image.
- **EMR Document Code:** Enter the code from the EMR Document table in the Medical Record Control table.
- **PhysDoc Title:** Select the Physician Documentation Title associated with this Image Title. Image Titles should be set up for all Physician Documentation Titles. This will allow the images that are scanned under these titles to be viewable by the Physician in the Physician Documentation Application.

Page Properties

For consistent use of space for scanned images, and to better manage the disk space used, page properties will allow optimal default settings to be established for each image title. These settings may be changed during the scanning process if necessary.

- **Resolution:** Select the default Dots per Inch for this image title from the drop-down list.
- **Color Depth:** Select the default scanning color for this image title. Black and White, Grey Scale and Color are the available options.
- **Document Size:** Select the default size for this image title from the drop-down list. The size may be set to Letter, Legal, Index Card or Business Card parameters.
- **Narrative Tab:** Select the chart tab within TruBridge Provider EHR that the scanned image will populate. This is only used for clinic patients.
- **Enable Automatic Document Feeder:** Select this field if the scanner used has an automatic document feeder attached.

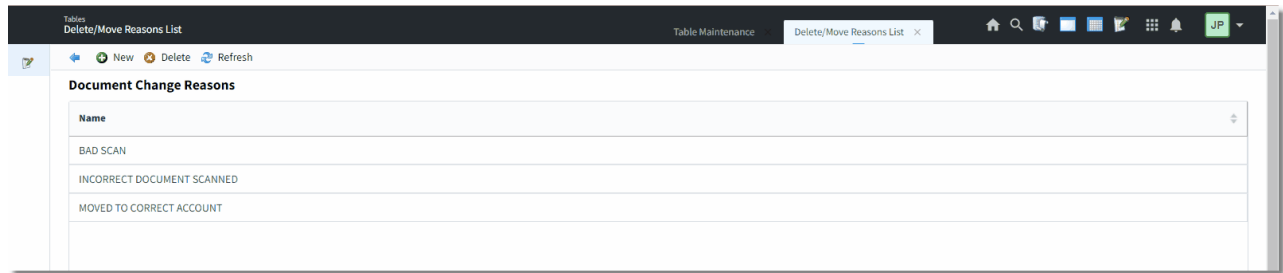
Select **Save** from the action bar once all information has been entered.

To make changes to an existing image title, double-click it from the Image Titles screen to return to the Image Titles Edit screen.

Delete/Move Reasons

In addition to image titles, delete and move reasons will also need to be set up prior to using Electronic File Management. These reasons will provide an explanation for files being deleted or moved from a patient's account. To view a listing of delete and move reasons, select **Delete/Move Reasons** from the Business Office tab in Table Maintenance.

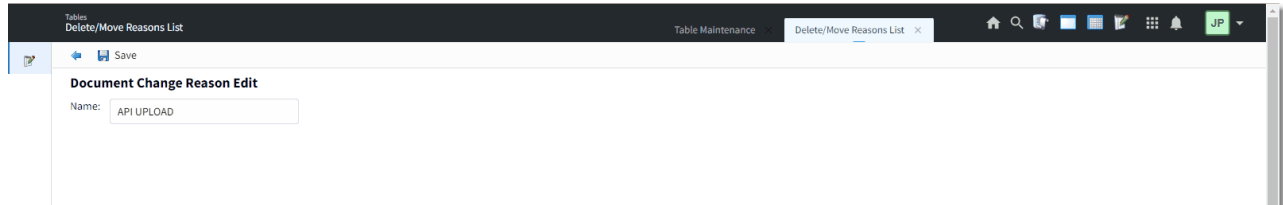
Select **Web Client > System Menu > Business Office > Delete/Move Reasons**



Document Change Reasons

To create a new delete or move reason, select **New** from the action bar.

Select **Web Client > System Menu > Business Office > Delete/Move Reasons > New**



Document Change Reason Edit

This will allow the name field to be accessed and the name of a new reason to be entered. After the name is entered select **Save** on the action bar.

To make changes to an existing reason, double-click it from the Document Change Reasons screen to return to the Document Change Reason Edit screen.

To delete a reason, highlight the reason and then select **Delete**. This will not delete the reason from an account. It only deletes the reason from the table.

4.22 AHIS Control Record, Page 1

Select Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > AHIS > Page 1

| Administration | | AHIS Control Record Page | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------|--|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|---|---|---|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|
| A/R Date Control | | Install Date : 000000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A/R Close Date: | 080113 | The Following Screens Can Post Receipts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prior Close Date: | 073113 | <table border="1"> <tr> <td>1</td><td>Y</td><td>2</td><td>Y</td><td>3</td><td>Y</td><td>4</td><td>Y</td><td>5</td><td>Y</td><td>6</td><td>Y</td><td>7</td><td>Y</td><td>8</td><td>Y</td><td>9</td><td>Y</td> </tr> <tr> <td>10</td><td>Y</td><td>11</td><td>Y</td><td>12</td><td>Y</td><td>13</td><td>Y</td><td>14</td><td>Y</td><td>15</td><td>Y</td><td>16</td><td>Y</td><td>17</td><td>Y</td><td>18</td><td>Y</td> </tr> <tr> <td>19</td><td>Y</td><td>20</td><td>Y</td><td>21</td><td>Y</td><td>22</td><td>Y</td><td>23</td><td>Y</td><td>24</td><td>Y</td><td>25</td><td>Y</td><td>26</td><td>Y</td><td>27</td><td>Y</td> </tr> <tr> <td>28</td><td>Y</td><td>29</td><td>Y</td><td>30</td><td>Y</td><td>31</td><td>Y</td><td>32</td><td>Y</td><td>33</td><td>Y</td><td>34</td><td>Y</td><td>35</td><td>Y</td><td>36</td><td>Y</td> </tr> </table> | | 1 | Y | 2 | Y | 3 | Y | 4 | Y | 5 | Y | 6 | Y | 7 | Y | 8 | Y | 9 | Y | 10 | Y | 11 | Y | 12 | Y | 13 | Y | 14 | Y | 15 | Y | 16 | Y | 17 | Y | 18 | Y | 19 | Y | 20 | Y | 21 | Y | 22 | Y | 23 | Y | 24 | Y | 25 | Y | 26 | Y | 27 | Y | 28 | Y | 29 | Y | 30 | Y | 31 | Y | 32 | Y | 33 | Y | 34 | Y | 35 | Y | 36 | Y |
| 1 | Y | 2 | Y | 3 | Y | 4 | Y | 5 | Y | 6 | Y | 7 | Y | 8 | Y | 9 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Y | 11 | Y | 12 | Y | 13 | Y | 14 | Y | 15 | Y | 16 | Y | 17 | Y | 18 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Y | 20 | Y | 21 | Y | 22 | Y | 23 | Y | 24 | Y | 25 | Y | 26 | Y | 27 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | Y | 29 | Y | 30 | Y | 31 | Y | 32 | Y | 33 | Y | 34 | Y | 35 | Y | 36 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Ledger | | Used by Cpware: 054 801 145 210 000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A/R GL#: | 10230000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cash GL#: | 10000000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Second Cash GL#: | 10010000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance Control | | Central Supply | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prior Rate: | .00 | Dept #: 025 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fut. Semi-Pvt Rate: | .00 | Rev GL: 30000025 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEMI-PVT RATE.....: | 539.00 | As Of: 010101 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Criteria for Purging Out-dated Insurance Data | | Storeroom | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Data to Drop or Months to Keep Journals: | 33192 | Dept #: 026 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date to Drop or Months to Keep M & X Stay Info | 33192 | P.O. #: 0000207 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # of Days to Keep Non-Journal Claims: | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # Of Days to Keep Non-Journal Stay Info: | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miscellaneous Control Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A/R Log Keep Months: | 12 | Non-Staff Phys Numbering: 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inventory Activity Last Run: | 010101 | Max Dsk Users: 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Print Receipts to Dept Printer | N | Stub Side? L (L or R) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type A/R Bill to be Printed: | 1 (1=Mailer 2=Stmnt) | PACS Interface? Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Record System Active: | Y | Auto City, State, Zip? C (Y/N/C) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CCBCP Gen by SVS Dates: | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter: [] Exit: [] Next Page: [] P# for Page Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

AHIS Control Record, Page

- **Prior Rate:** This is the semi-private room rate used to determine the calculation of non-covered room charges for patients with a service date prior to the As Of date of the current Semi-Pvt Rate.
- **Fut. Semi-Pvt Rate:** Enter the facility's future semi-private room rate. This allows for upcoming room rate changes to be put in place in advance.
- **As Of:** Enter the date the new semi-private rate will go into effect.
- **Semi-Pvt Rate:** The facility's semi-private room rate should be loaded in this field. This field is used by the system to determine non-covered room charges during the insurance billing process.
- **As Of:** The date the new semi-private rate took effect.
- **Non-Staff Phys Numbering:** Enter the number with which a non-staff physician number should start. Non-Staff Physicians can be added through the Stay tab on the Registration and ADT screen.

- **Auto City, State, Zip:** If answered **N** the top ten City, State and Zip Code lookup found in AHIS may be utilized. If answered **Y**, after entering address line 1 and 2 in Person Profile, the cursor will go to the Zip Code field. When the zip code is entered, the city and state fields will automatically be populated. If answered **C** the 3-digit county code will automatically pull in addition to the city and state fields. This information is provided by the US Postal Service and is updated with each release.

4.23 AHIS Control Record, Page 2

Select Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > AHIS > Page 2

| AHIS Control Record Page 2 | | | |
|--|-------------|--------------------|------|
| Ask For Beg. Bal. Y/N: <input type="checkbox"/> N | | | |
| Suppress SSN: <input type="checkbox"/> Assign Method: <input type="checkbox"/> A | | | |
| Automatic Acct Numbers | | Nxt Blk | #Dig |
| Type 1 Patient: | 358696 | 4 | 6 |
| Type 2 Patient: | | | |
| Type 3 Patient: | | | |
| Type 4 Patient: | | | |
| Type 5 Patient: | B01226 | C | 6 |
| Psro Code..... | | | |
| Inv. Stix Y/N: | Y | Use in CL | |
| Adm Form Phase: | XCNPSPF010A | Y | |
| E/R Form Phase: | XARPSF010A | Y | |
| Adm/Juv. Labels: | XCNP SADLB2 | XARDSLBL3 | |
| Send Zero Due A/R Stmts: | N (Y/N) | | |
| Send A/R Stmts For Mcaid: | S (Y/N/P/S) | | |
| Send Stmts Coll. Code 3: | N (Y/N) | | |
| M/R Tran. Rep. Headings: | Y Edit Help | Y | |
| Small Bal Write-off Itm#: | 00099002 | | |
| A/R Balance Transfer #: | 00099003 | | |
| Bad Debt Item Number: | 00099001 | | |
| Armbands Program: | XOEARMBND | L | |
| Enter | | Exit | |
| Next Page | | P# for Page Number | |

| Automatic Address | | | |
|-------------------|----|-------|--|
| MOBILE | AL | 36695 | |
| SARALAND | AL | 36675 | |
| THEODORE | AL | 36620 | |
| DAPHNE | AL | 36526 | |
| FAIRHOPE | AL | 36532 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Pat. Type | Months Since Disc To Keep | | Months Since Zero To Keep |
|-----------|---------------------------|--------|---------------------------|
| | Masters | Detail | Detail |
| 1 | 300 | 300 | 300 |
| 2 | 24 | 24 | 2 |
| 3 | 24 | 24 | 2 |
| 4 | 24 | 24 | 2 |
| 5 | 24 | 24 | 2 |

| | |
|---------------------------|--------------------------------|
| M/R Tran. Rep. Keep Days: | 14 |
| MS Word Transcription: | N (B,C,M) |
| M/R Drg All Payor IF : | <input type="checkbox"/> (Y/N) |

AHIS Control Record, Page 2

- **Assign Method:**
 - **A:** If this field is set to Auto, when creating a new visit, the default for the Manually Assign Visit Number field will be **No**. The system will automatically assign a visit number.
 - **M:** If this field is set to Manual, when creating a new visit, the default for the Manually Assign Visit Number field will be **Yes**. This will allow a visit number to be manually entered.
- **Automatic Account Numbers:** Enter the starting account number that should be assigned automatically by the system when each of these types of patients is registered. Once the account/visit number is assigned, the next available account/visit number appears in the first field. For example, account/visit number "30000000" is assigned from the first field for an Inpatient account. The account/visit number in this field then changes to "30000001".

NOTE: The use of the Next Block field will allow the system to continue to the next available set of account numbers when the end of the available number range is reached. (i.e., if the number reached 399999 and should continue on to 400000, then enter "4" in the Next Block field). The #Dig field allows the facility to use account numbers that are six, seven or eight digits in length. Refer to the Business Office Tables User Guide for more information about these fields.

- **Automatic Address:** Enter the city, state and zip code of the ten most common cities surrounding the location of the facility. The address pulls to the Patient, Spouse, Guarantor and Notify in Emergency address fields in the Person Profile when the corresponding code (01-10) or the first letter of the city description is entered.

NOTE: These fields are not used if AHIS, page 1, Auto City, State, Zip field is set to **Y** or **C**.

- **Adm Form Phase:** Displays the program name for the facility's admission form.
- **E/R Form Phase:** Displays the program name for the facility's emergency room form.
- **Adm/Juv Labels:** Displays the program names for the facility's postscript admit labels and juvenile labels for use with the Automated Registration Document System.

4.24 AHIS Control Record, Page 4

Select Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > AHIS > Page 4

System Menu

+

AHIS Control Record Page 4

| Patient Types | | | | | | |
|---------------|-------|--------|-------|---------|------|------|
| -Desc- | All | Census | Auto | LT-Stmt | Ord. | Long |
| | Maint | Rep's | Dates | Summ.YN | Days | Term |
| I/P | Y | Y | N | N | 000 | |
| O/P | N | N | Y | N | 000 | |
| E.R. | N | N | Y | N | 000 | |
| SNF | Y | Y | Y | Y | 000 | Y |
| CLINIC | N | N | N | N | 000 | |

Master Patient Index Y/N? ☐ Y

Birth Date? ☐ Y

Guarantor Name? ☐ Y

Medical Records Number? ☐ Y

Patient Name? ☐ Y

Social Security Number? ☐ Y

Xray Number? ☐ Y

Admit Date? ☐ Y

First-Time Stmt's Version: 2 (1-Old N/A Area 2-New)

First-Time Stmt's Ins: 2 (1-Old Ins Area 2-New)

TA System (N=No, B or W): B

M/R Charts by Acct# Y/N: Y

Acuity Months to Keep:

Normal Payroll (B/W/S/M): B

Notify Dept at Order Time ☐ ☐ ☐ ☐ ☐ ☐

LTCH: ☐ N

Prt Access: ☐

Prt Charge Item: 0

Prt Credit Item: 0

Print PO on White Paper? ☐ Y

Generic Forms

Receipts: ☐ Y

First Time Statements: ☐ Y

Cycle Statements: ☐ Y

Long Term Statements: ☐ Y

Purchase Orders: ☐ Y

Miscellaneous Use: ☐ N

PS Receipts Per Page: 1

Foreign Addresses: ☐ Y

Enterprisewide/or Sched: ☐ B

Esign Start Date: 010103

AP Interface CSNUM:

Enter: Exit: Next Page: P#

AHIS Control Record, Page 4

- **Patient Types**

- **Desc:** Enter the description of the Stay Types. Stay Types 1 and 2 are reserved for inpatients and outpatients, and the remaining are facility-defined. For Stay Types not used, the description should read "OPEN."
- **All Maint:** This field is no longer applicable.
- **Census Rep's:** This field controls whether or not information for a particular Stay Type pulls to Census reports.
- **Auto Dates:** This field is no longer applicable.
- **Long Term:** This switch needs to be set to **Y** for any Stay Type that may be used for long term or recurring patients. This will affect the insurance programs and several of the reporting options.

- **Master Patient Index Y/N?:** This switch controls whether or not the MPI file is updated when a patient is registered into the system.

The other switches in this field controls if the various MPI files are updated when a patient is registered into the system. It allows searching for a patient by using the indexes that are set to **Y**. This can be done through the Patient List from the Hospital Base Menu. This field also affects the MPI Reorganization. If the "Birth Date?" switch is set to **N**, the birth date index will not reorganize. It is recommended to set all of these switches to **Y**.

- **Foreign Addresses Y/N:** This field allows a foreign address to be entered during registration.

4.25 AHIS Control Record, Page 5

Select Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > AHIS > Page 5

| Medicare DRG Cost Per Stay | | |
|----------------------------|---------|--------|
| | Amount | Date |
| Current: | 5972.96 | 100111 |
| Prior: | 2892.11 | 100110 |
| Other 1: | .00 | |
| Other 2: | .00 | |
| Other 3: | .00 | |

| Medicaid DRG Cost Per Stay | | |
|----------------------------|---------|--------|
| | Amount | Date |
| Current: | 2825.42 | 100111 |
| Prior: | .00 | |
| Other 1: | .00 | |
| Other 2: | .00 | |
| Other 3: | .00 | |

| | | | |
|---|--|---|--|
| Tax Exemption #: E 30010 | | I/P Psych PPS? <input checked="" type="checkbox"/> Date: 000000 | |
| Final Census Dt: 081914 | | Patient Sub-Types 1-5?: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Just Like F/C: <input checked="" type="checkbox"/> | | Acuity By Shift?: <input type="checkbox"/> | |
| Company Code: XC | | Inv. Activity Report Update Files? <input checked="" type="checkbox"/> | |
| A/R Statement Minimum: 5.00 | | 1st Time: A Cycle: I (A-Acct Bal, P-Pat Por) | |
| Phy Chg Depts : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | Referring Info?: <input checked="" type="checkbox"/> | |
| Automatic MR # : 000335 | | #Digits: 6 | |
| Enter: <input type="button" value="Enter"/> | | Exit: <input type="button" value="Exit"/> Next Page: <input type="button" value="Next Page"/> | |
| | | Phys.MR.Defic.Delinq.Days: 15 | |

AHIS Control Record, Page 5

- **Final Census Dt:** The Final Census report with the date of the last run automatically updates this field.
- **Just-Like F/C:** This switch controls if the financial class in the Just-Like account will pull to the new account being registered. Enter a **Y** or **N** to specify whether this should pull.
- **Company Code:** This field stores the facility's 2-character company code that is assigned by TruBridge. The Embosser Interface reads this field.
- **Automatic MR # #Digits:** The next available medical record number that will be automatically assigned by the system should be entered in this field. The number of digits the medical record number consists of should also be entered (1-9, A or B allows up to 11-digit medical record numbers to be assigned). The medical record number automatically pulls to the Person Profile or the Patient tab on the Registration and ADT screen when the magnifying glass is selected or a question mark (?) is entered.
- **Patient Sub-Types Y/N:** This field allows patient Sub Types to be used.

- **Patient Sub-Types 1-5?:** There are five blocks in this field that represents the five Stay Types. Those Stay Types needing Sub Types should have a **Y** entered in the box that corresponds with the patient Stay Type. The Sub Type field on the Patient tab in the Patient Maintenance Control table will need to be set to **R**(Required) for those Stay Types using Sub Types.

4.26 AHIS Control Record, Page 6

Select **Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > AHIS > Page 6**

| Optical Disk Number For | | |
|-------------------------|----|----|
| Report Image System: | 01 | |
| Clin./AR/INS. Hist: | 01 | 01 |
| ScanImage/EFileMgmt: | 01 | 03 |

| Medicare DRG Disproportionate Share Fields | | |
|--|--------|------|
| | Amount | Date |
| Current: | .00 | |
| Prior: | .00 | |
| Other 1: | .00 | |
| Other 2: | .00 | |
| Other 3: | .00 | |

Running Dietary OE?: ☒ 2nd Diet Column: ☐
 MR Chart Perm.Loca.: RADIOLOGY

Use Nursing Home MDS Sys? ☒
 Print B/D Balance on Receipt? ☒
 Bad Debt Recovery Item#: 00099004
 M/R Code Finder ID: F 3M APCFINDER
 Word Processor ID:

Enter: Exit Next Page

| AHIS Control Record Page 6 | |
|---|---------------|
| Restrict Diag/Proc Changes on Stay Info Screen: | N |
| Depts with Interface systems | |
| Census | |
| Order Entr | |
| Digital Signature? | Y |
| Home Health Disk: | |
| Ins Tickler Update (Y/N/1/2) | Y |
| InfoNetwork printer no: | 000 |
| Contract Management (Y/N): | K |
| HIMS printer no.: | 000 |
| Ins. Ver. TP Login: | CPSImeme |
| TP Password: | XrG56nMKcc |
| TPID / CI | 120004 100292 |
| Food/Drug Interaction: | Y |
| Collection Agency Rcpts: | |
| MR OE Transcription IF?: | |
| Host System Name: | |
| Medicare Part A #: | |
| Grouping Interface ID: | N |

AHIS Control Record, Page 6

- **Clin./AR/Ins. Hist:** This field indicates where Clinical, Accounts Receivable and Insurance History files are stored when the purge parameters are met and information is purged.
 - **ScanImage/EFileMgmt:** This field indicates where scanned images are stored on the ADR drive.
- NOTE:** These two fields will be set by a TruBridge Representative and should not be changed.
- **Digital Signature?:** This field controls access to the Digital Signature capture feature. Please contact a Client Executive for more information about this purchased application.

4.27 AHIS Control Record, Page 7

Select Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > AHIS > Page 7

| State Tax Calculation | | | | AHIS Control Record Page 7 | |
|-----------------------|-------|--------|----------|----------------------------|--|
| | Rate | Date | Chg Num | | |
| State Sales Tax: | 0.000 | 000000 | 00000000 | | |
| | 0.000 | 000000 | 00000000 | | |
| | 0.000 | 000000 | 00000000 | | |
| Gross Earnings Tax: | 0.000 | 000000 | 00000000 | | |
| | 0.000 | 000000 | 00000000 | | |
| | 0.000 | 000000 | 00000000 | | |

Reverse Chg F/C: MB* Group Physician Numbers?: ☒

Reversal Item #: 02800183

Home Health Directory #: 3 Department...:

Registration Dept: 65

Patient Data Codes:

Check Duplicate Numbers: MR: ☐ SSN: ☒

Finance Charge

Finance Charge Rate: 0100

Apply Finance Charges on Medicare Patients: ☐

Use Payment History on Terms Patients: ☒

View PR Deduction as Payment on Stmts? Y/N: ☒

Enter: Exit: Next Page:

AHIS Control Record, Page 7

- **Registration Dept:** Enter the registration department number. The registration clerks whose terminals are assigned to the registration department will be taken directly to the Profile Listing at login. The Hospital Base Menu may be displayed after exiting the Profile Listing.
- **Patient Data Codes:** If a facility has a custom Patient Data screen, the 2-digit code can be entered in this field and the Patient Data screen will be accessed automatically after registering the account. Up to three patient data codes may be entered.
- **Check Duplicate Numbers: MR: SSN:** These fields control whether the system will check a new Medical Record Number or Social Security Number entered in registration against past profiles and accounts.

NOTE: If the Patient Name, Date of Birth, and Guarantor fields are the same on two profiles, a duplicate Medical Record Number may be entered into the duplicate profile even if this field is marked to Y.

- **Overwrite Chief Complaint w/ Prin. Diag.:** If answered Y, the principal diagnosis coded on the Medical Records Grouper screen will overwrite the Chief Complaint loaded in the Clinical tab on the Registration and ADT screen. If answered N, the Chief Complaint field will not be overwritten by the diagnosis code entered on the Medical Records Grouper screen but will instead retain the data entered during registration. The default for this field is Y.

4.28 AHIS Control Record, Page 8

Select Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > AHIS > Page 8

AHIS Control Record Page 8

Company name for Clinical Reports:

Auto Calculate 23-Hour Observation Charges: ☒ (Y/N) Round Hour: (Y/N)

Accommodation codes that identify observation patients:

Observation charge for the first hour(s)?

Observation charge for each additional hour?

Item number to use for 23-Hour Observation Charges:

| Alt Radiology Charge #s: | | |
|--------------------------|--|--|
| | | |
| | | |
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| | | |

Last AR Notes Number:

Ins. Verification Program:

Ins. Verification Dept Num.:

Use Remove Collect Code Prompt? Y/N: ☒

Ins Tickler Notes to Account Detail? Y/N: ☒

Copy Guarantor Info to Ins. Subscriber?

Bold Statement Messages? Y/N: ☒

Auto Charging for OR Mgt? Y/N: ☐

Clinical History Reverse Chronological: ☒

A/R Auto Close Days/Months: ☒ (Y/N) Lag Days:

Print 1ST Time Stmts: M ☒ B ☒ C ☒ W ☒ S ☒ (Y/N/P)

Use Call Referral System? ☒ Stay type? # Of Days to Keep:

AHIS Control Record, Page 8

- **Auto Calculate 23-Hour Observation Charge: Round Hour:** Enter **Y** for the system to automatically calculate observation charges. In the Round Hour field, enter **Y** to round the observation time to the nearest hour, or **N** to default to the next hour.
- **Accommodation codes that identify observation patients:** Enter up to three accommodation codes that represent observation patients. The system will calculate observation charges for patients admitted with one of these accommodation codes.
- **Observation charge for the first hour(s)?:** In the first portion of this field, enter the number of hours for which the initial observation charge is applicable. In the second portion, enter the rate for this block of hours.
- **Observation charge for each additional hour?:** Enter the charge for each additional hour above the number of hours listed in the.
- **Item Number to use for 23-Hour Observation charges:** Enter the item number that should be used to post the observation charges to the patient's account detail. This item should contain the appropriate summary charge code (so the correct revenue code will pull to the UB04) and general ledger number. The quantity of the charge will reflect the number of hours that the patient was under observation.

- **Copy Guarantor Info to Ins. Subscriber?:** Enter **Y** to automatically pull guarantor information to the insurance subscriber information fields, when adding insurance during registration. Enter **N** to pull blank information to the subscriber fields. Enter **P** for the patient information to pull to the subscriber fields. The default is **Y**. Medicare and Medicaid financial classes will pull the patient information to the subscriber fields regardless of the way this field is set.

4.29 AHIS Control Record, Page 9

Select Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Maintenance Menu > AHIS > Page 9

AHIS Control Record Page 9

Critical Access Hospital: ☐ M ☐ X ☐ B ☐ S ☐ W ☐ C ☐ ALL
 Critical Access Hospital discharge days:
 Prompt for 1-Day Stay Room Charge: ☐ Y ☐ N ☐ N ☐ N ☐ N
 Enhanced Temporary Registration? ☐ Y (Y/N)
 Use Electronic File Management Software: ☒
 Display Patient Account Note? ☐ Y

NDC Charging Prompt (1-5): ☐ Y ☐ Y ☐ Y ☐ Y ☐ Y
 Pathology Application? ☐ Y (Y/N)
 Include Autogen in Autoclose: ☐ Y (Y/N)
 Clinic Stay Type for MPM use: (1/2/3/4/5) ☐ H ("P"hy/"H"osp)

Autosend to CNIFX on Eform Updates? ☐
 Update Image URL on Order Completion? ☐ N (Y/N)
 Clinics use MPMACD? ☐ Y (Y/N)
 Neotools Interface? ☐ N (Y/N)
 Print Consent Form? ☐ (Y/N)
 Private Pay Auto Discount % Item#
 Generate Census Changes Index for 27X? ☐ (Y/N)

AHIS Control Record, Page 9

- **Prompt for 1-Day Stay Room Charge:** There are five blocks in this field that represent the five Stay Types. Enter a **Y** for the Stay Type, that when discharged with the same admit and discharge date, will receive a prompt to "Post 1-Day Room Charges?" The room charge will pull from the accommodation code or room table, whichever is applicable. If the discharge is reversed on the same day, and the prompt had been answered **Y** to add room charges, the system will prompt "Do you wish to reverse the 1-Day Room Charge?" If answered **Y**, the system will credit the room charge on the patient's account, and the patient will be charged the correct room rate when the final census is run that night.
- **Print Consent Form?:** This is used in conjunction with Custom Type Facesheet programs.

4.30 Community Index Control Record Maintenance

Prior to using the Community Index for registration, the Community Index Control Record Maintenance must be loaded. A TruBridge Support Representative will perform the initial setup of the Community Index Control Record Maintenance. If additional facilities are needed, contact a Support Representative for assistance.

Select **Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Maintenance Menu > Community Idx**

| Community Index Control Record Maintenance | | | | | |
|--|------|---------|-----------|------------|---------|
| | Type | Company | Directory | Loca/Desc. | 72-Hour |
| 1 | HO | 01 | /usr3/f | Hospital | Y |
| 2 | HH | 03 | /usr3/f03 | Home Healt | Y |
| 3 | HO | 02 | /usr3/f02 | Clinic | Y |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
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Enter: ____ ()

Community Index Control Record Maintenance

- **Type:** There are four types of facilities within the facility's community that can pull to the index. The 2-character code that represents the type of facility must be entered in the this column.
 - **HO** - Hospital
 - **HH** - Home Health Agency
 - **OC** - Other Contribution(s)
 - **PY** - Physician Office(s)
- **Company:** Enter the company number. This informs the system in which company record the facility is located.
- **Directory:** Enter the TruBridge directory of the facility being setup.
- **Loca/Desc.:** Enter a facility-defined location description for the company that is being setup.

- **72-Hour:** If answered **Y**, then patients from this facility will pull to the 72 Hour Re-admissions report.

4.31 Patient Maintenance Control

The Patient Maintenance table is designed to capture pertinent information during the Registration process. The captured information will be used for Insurance Billing and Collections, as well as for Meaningful Use requirements.

Select **Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > Pt. Maint**

The screenshot displays the 'Business Office Table Maintenance Menu' window. It features a central 'Patient Maintenance Control' dialog box with the following components:

- Census Table:** Includes Rooms, Physicians, Religions, Churches, Admit/Condition Codes, Room Types, Service Codes, Room Accommodation, Referring Physicians, Referring Facilities, County/Country Codes, Emergency Room Log Code, Employers, and Admit Origin Codes.
- Miscellaneous Tables:** Includes Departments, Chg Summary Cds, Receipt Codes, DRG Codes, Diagnosis Codes, Image Titles, Phy Headers, TruBridge Maint, NEIC Payor, APC Table, CL Tables, Reports Table, Clinic Table, Charge Level, Elect. Forms, Psych. Adj, Dig Sig Doc, and Kiosk Tables.
- A/R Collections:** Includes Collection Tables, Collector ID's, Review Codes, Contract Billing, Collection Letters, Collect Codes, AHIS, Pharmacy, Laboratory, Radiology, Community Idx, Udef Labels, Fax, Med Rec, Pt. Maint, Med-Nec, Ref Lab, Billing, Companies, Condition Codes, Occurrence Codes, Value Codes, Rejection Codes, and EB/CCI Edit Codes.
- Patient Maintenance Control:**
 - Required Field Options:** A sub-dialog box.
 - Patient Profile Required Fields:** A table for patient profile data.
 - Census Patient Required Fields:** A table for census patient data.
 - Registration Controls:** A sub-dialog box.
 - Registration Control Table:** A table for registration control data.

At the bottom left, there is an 'Enter:' field with a cursor and an 'Exit' button.

Patient Maintenance Control

Required Field Options

Required Field Options gives the ability to control which fields are accessed during the registration process. This may be done for the Person Profile screens and the Registration and ADT screens.

The acceptable settings are **Y**, **N** and **R**. A **Y** will stop the cursor on the field in the Person Profile screen or the Registration and ADT screen; however, the field may be skipped without entering information. An **N** will make the field inaccessible. An **R** will require the information to be entered. If there is a required field for the Person Profile screen, that information must be filled out before exiting this screen. The required field will highlight in red indicating this information must be entered. If there is a required field in the Registration and ADT screen, the cursor will stop on the field and cannot be bypassed without entering information.

Select Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > Pt. Maint > Patient Profile Required Fields

Map Code: PP01-Person Profile Profile Type: P-PATIENT

| Sort | Field Description | Y/N/R | Tab # | Tab Order |
|------|-------------------|-------|-------|-----------|
| 0101 | Last Name | R | 01 | 01 |
| 0102 | First Name | R | 01 | 02 |
| 0103 | Mid Name | Y | 01 | 03 |
| 0104 | Full Name | Y | 01 | 04 |
| 0105 | Birth Date | R | 01 | 05 |
| 0106 | MedRec # | Y | 01 | 06 |
| 0107 | Sex | R | 01 | 07 |
| 0108 | Country | Y | 01 | 08 |
| 0109 | Address1 | R | 01 | 09 |
| 0110 | Address2 | Y | 01 | 10 |
| 0111 | City | R | 01 | 11 |
| 0112 | State | R | 01 | 12 |
| 0113 | Zip | R | 01 | 13 |
| 0114 | County | Y | 01 | 14 |
| 0115 | Phone | R | 01 | 15 |
| 0116 | Cell Phone | Y | 01 | 16 |
| 0117 | Email | Y | 01 | 17 |
| 0118 | Physician | N | 01 | 18 |

Business Office Tables - Required Field Control

Select the desired Profile Type from the drop-down box.

Select Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > Pt. Maint > Patient Profile Required Fields > Profile Type

Business Office Tables - Required Field Control

Map Code: PP01-Person Profile Profile Type: P-PATIENT

| Sort | Field Description | Y/N/R | Tab # | Tab Order |
|------|-------------------|-------|-------|-----------|
| 0101 | Last Name | R | 01 | |
| 0102 | First Name | R | 01 | |
| 0103 | Mid Name | Y | 01 | |
| 0104 | Full Name | Y | 01 | |
| 0105 | Birth Date | R | 01 | |
| 0106 | MedRec # | Y | 01 | |
| 0107 | Sex | R | 01 | |
| 0108 | Country | Y | 01 | |
| 0109 | Address1 | R | 01 | |
| 0110 | Address2 | Y | 01 | |
| 0111 | City | R | 01 | |
| 0112 | State | R | 01 | |
| 0113 | Zip | R | 01 | |
| 0114 | County | Y | 01 | |
| 0115 | Phone | R | 01 | |
| 0116 | Cell Phone | Y | 01 | |
| 0117 | Email | Y | 01 | |
| 0118 | Physician | N | 01 | |

Business Office Tables - Required Field Control

Once the desired Profile Type has been selected, highlight the desired field to mark as Y, N or R. Select the drop-down box to select **Y**, **N** or **R**.

Select Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > Pt. Maint > Patient Profile Required Fields > Profile Type > Select desired field

Signed On Emp: XXX Dept: 058

Business Office Tables - Required Field Control

Map Code: PP01-Person Profile Profile Type: S-SPOUSE

| Sort | Field Description | Y/N/R | Tab # | Tab Order |
|------|-------------------|-------|-------|-----------|
| 0101 | Last Name | R | 01 | 01 |
| 0102 | First Name | R | 01 | 02 |
| 0103 | Md Name | Y | 01 | 03 |
| 0104 | Full Name | Y | 01 | 04 |
| 0105 | Birth Date | N | 01 | 05 |
| 0106 | MedRec # | N | 01 | 06 |
| 0107 | Sex | N | 01 | 07 |
| 0108 | Country | N | 01 | 08 |
| 0109 | Address1 | N | 01 | 09 |
| 0110 | Address2 | N | 01 | 10 |
| 0111 | City | N | 01 | 11 |
| 0112 | State | N | 01 | 12 |
| 0113 | Zip | N | 01 | 13 |
| 0114 | County | N | 01 | 14 |
| 0115 | Phone | R | 01 | 15 |
| 0116 | Cell Phone | Y | 01 | 16 |
| 0117 | Email | N | 01 | 17 |
| 0118 | Physician | N | 01 | 18 |

Business Office Tables - Required Field Control

Select Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > Pt. Maint > Census Patient Required Fields

The screenshot displays the 'Patient Maintenance Control' window. At the top, there is a blue header bar with the text 'Patient Maintenance Control' and 'Signed On Emp: XXX Dept: 058'. Below the header, there is a navigation bar with tabs: 'Patient', 'Contact', 'Guarantor/Ins', 'Stay', and 'Clinical'. The 'Stay' tab is selected. To the right of the tabs is a 'Select Patient Type:' dropdown menu showing the value '3'. The main content area is divided into two sections: 'Demographic Fields' and 'Employer Information'. The 'Demographic Fields' section contains a list of fields with corresponding checkboxes or dropdowns: Stay Type (R), Sub Type (Y), ServiceCd (R), Last Name (Y), First Name (Y), Mid Name (Y), Full Name (Y), Maiden Name (Y), Confidential (Y), Country (Y), Address1 (Y), Address2 (Y), City (Y), State (Y), Zip (Y), County (Y), Phone (Y), Cell Phone (Y), Email (Y), Birth Date (Y), Birth Place (Y), SocSec # (Y), MedRec # (Y), Sex (Y), Marital (Y), AdvDir (Y), Military (Y), Smokeless Tobacco (Y), Smoker (Y), Smk StDt (Y), Smk EndDt (Y), Religion (Y), Church (N), Race (Y), Ethnicity (Y), Language (Y), and Expired Dt (Y). The 'Employer Information' section contains fields for Employer (Y), Address1 (Y), Address2 (Y), City (Y), State (Y), Zip (Y), and Phone (Y).

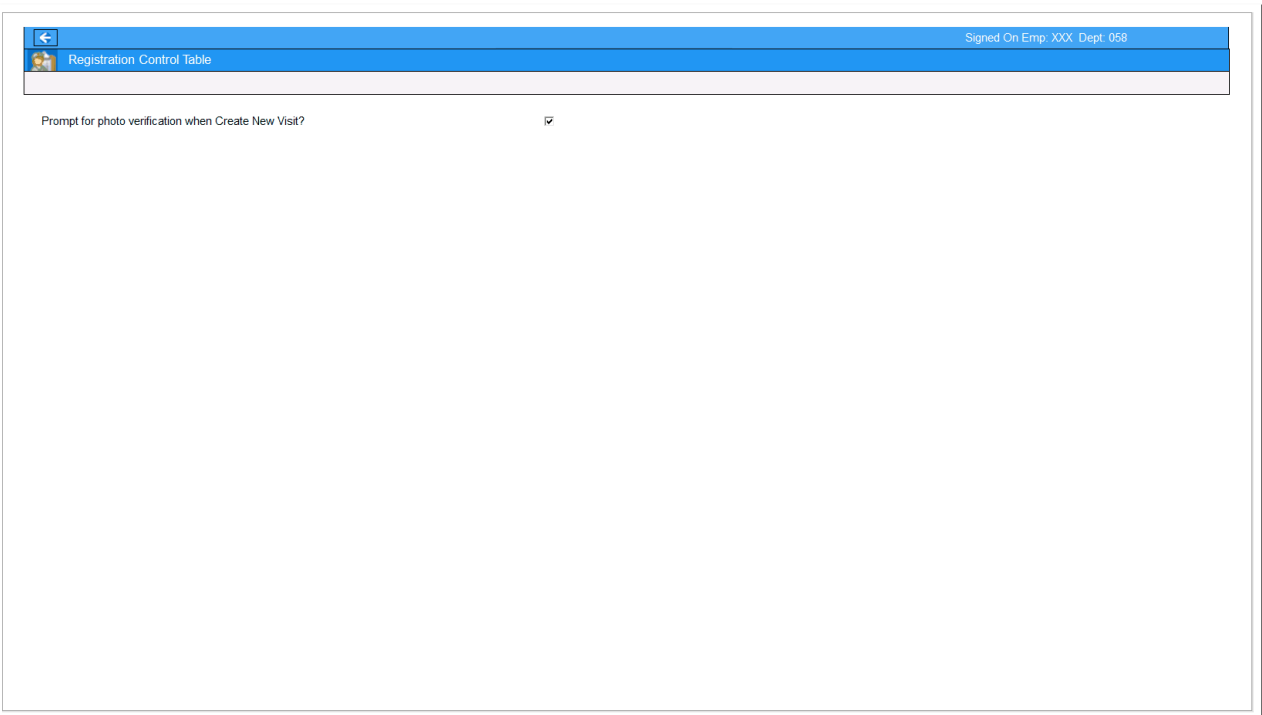
Patient Maintenance Control

Select a Stay Type from the drop-down box to display or perform maintenance. At the top of the table, select the tab that needs maintenance.

Registration Controls

Registration Controls gives the facility the ability for Photo Verification to be utilized at registration. Selecting the field "Prompt for photo verification when Create New Visit" will cause a previously scanned Chartlink Photo to display when registering a patient by selecting **Create New Visit** or **Create Temp Visit** from the Person Profile or by selecting **Temporary Registration** from the Hospital Base menu"

Select **Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > Pt. Maint > Registration Control Table**

The screenshot shows a web browser window with a blue header bar. On the left of the header is a back arrow icon and the text "Registration Control Table". On the right is the text "Signed On Emp. XXX Dept. 058". Below the header is a large white area containing a single checkbox labeled "Prompt for photo verification when Create New Visit?". The checkbox is checked, indicated by a small square icon to its right.

Registration Control Table

4.32 Device Control Table

In order for Admission forms, Emergency Room forms, Labels and Embosser Cards to print properly when the corresponding option is chosen, the appropriate fields should be setup in the Device Control Table. The following steps should be used to setup these special forms printers.

To setup a default printer for Admission forms, Emergency Room forms and Embosser Cards, select **Assign defaults for Special Printers**. Enter a line printer number or a **W** for workstation, in the I/P Admit Forms, E.R. Forms, Embosser Cards and ADM Labels fields, if applicable. The system automatically defaults to a **W** for workstation printer in the fields listed below.

Select **Web Client > System Menu > Special Functions > System Management > Device Control Table > Assign defaults for Special Printers**

```
STANDARD/DEFAULT LPNUMS FOR FORMS

ENTER PRINTER NUMBER OR W-WORKSTATION FOR THE FOLLOWING.

I/P ADMIT FORMS.....: W
E.R. FORMS.....: W
EMBOSSER CARDS.....:
RECEIPT FORMS.....:
PHARMACY LABELS.....:
ADM LABELS-ADULT...: W
ARMBANDS.....: W
ADM LABELS-JUVENILE: W
```

Standard Default LPnums for Forms

To override the default printers for a particular port, select **Port Maintenance**, in the Device Control Table, and enter the port number of the terminal or PC. Enter the special forms printer number or **W** for Workstation in the Printer # or Workstation for Forms field, to override the default setting.

Select Web Client > System Menu > Special Functions > System Management > Device Control Table > **Port Maintenance**

Device Control Table

Port Number.....: 32V 0-Exit

| | | |
|----|---|---|
| 1 | Department #....: | 065 Admitting |
| 2 | Location.....: | MAIN REGISTRATION |
| 3 | Device Type.....: | PC-NO TOUC |
| 4 | Login.....: | YES |
| 5 | Baud Rate.....: | 38400 |
| 6 | IP Address.....: | 000.000.000.000 |
| 10 | Type CRT.....: | wyse |
| 11 | Type Wk Station: | M |
| 12 | Default Prt.....: | |
| 13 | CSRxxx Num.....: | |
| 14 | | |
| 15 | Prt Lines Advan: | |
| 16 | Prt Lines Retra: | |
| 17 | Ask Adv/Ret Ptr: | <input type="checkbox"/> |
| | | 30 Digital Signature: <input type="checkbox"/> |
| 18 | Printer # or "W"orkstation for Forms | |
| | IP: 558 | ER: 558 EMB: <input type="checkbox"/> REC: <input type="checkbox"/> PHAR LABELS: <input type="checkbox"/> ADM LABELS-ADULT: 558 |
| | AB: <input type="checkbox"/> | ADM LABELS-JUVENILE: 558 |
| 19 | Internet Access: <input type="checkbox"/> | |
| 20 | System Management: <input type="checkbox"/> | 33 Exam Rooms: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Enter: ____ ()

Device Control Table

NOTE: The Printer # or Workstation for Forms field of Port Maintenance overrides the settings in Assign defaults for Special Printers. For example, if port number 250 has a printer number loaded in the Printer # or Workstation for Forms field of the Device Control Table and a **W** is loaded in the I/P Admit Forms, E.R. Forms and Embosser Cards fields of Assign defaults for Special Printers, they will print to the assigned printer number in the Printer # or Workstation for Forms field for port number 250. Other terminals will print to a workstation printer.

To setup a Microline printer to print Admission forms, Emergency Room forms or Embosser Cards, enter the port number of the line printer via Port Maintenance. Enter a **Y** in the Spooling and Special form fields.

Select Web Client > System Menu > Special Functions > System Management > Device Control Table
> Port Maintenance

Device Control Table

Port Number.....: 098 0-Exit

| | |
|---|---|
| <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">1 Department #....: 058 Administration</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">2 Location.....: LP098 Fairhope- Azalea</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">3 Device Type....: PRINTER</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">4 Login.....: NO</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5 Baud Rate.....: 9600</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">6 IP Address.....: 010.017.000.027</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">21 Printer #.....: 098</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">22 Type Printer...: P DEF</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">23 Spooling.....: Y</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">24 Special Form...: N</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">25 Prt Lines Advan: </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">26 Prt Lines Retra: </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">27 Printer Name...: LP098</div> | <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">28 Multiple Trays.: N Tray Name</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Admission Form.....: </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Emergency Room Form.: </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Adult Adm. Labels....: </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Juv. Adm. Labels....: </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Rad. Composite Req...: </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Prescription.....: </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">29 Duplexing.....: -</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">36 Print Shift X Value: </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">37 Print Shift Y Value: </div> |
|---|---|

Enter: ____ (0-Exit "K"ill "Fix" "Print Test Page)

Device Control Table

If the Automated Registration Documents System will be used, a postscript printer must be setup in the Device Control Table.

Select Web Client > System Menu > Special Functions > System Management > Device Control Table > **Port Maintenance**

Device Control Table

Port Number.....: 109 0-Exit

| | |
|---|---|
| <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">1 Department #....: 058 Administration</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">2 Location.....: LP109 Fairhope-Battles Wharf</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">3 Device Type....: PRINTER</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">4 Login.....: NO</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5 Baud Rate.....: 9600</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">6 IP Address.....: 010.017.000.028</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">21 Printer #.....: 109</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">22 Type Printer...: P DEF</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">23 Spooling.....: Y</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">24 Special Form...: N</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">25 Prt Lines Advan: </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">26 Prt Lines Retra: </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">27 Printer Name...: LP109</div> | <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">28 Multiple Trays.: Y Tray Name</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Admission Form.....: Plain Paper</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Emergency Room Form.: Plain Paper</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Adult Adm. Labels...: Custom Type 2</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Juv. Adm. Labels....: Custom Type 3</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Rad. Composite Req.: </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Prescription.....: </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">29 Duplexing.....: -</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">36 Print Shift X Value: </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">37 Print Shift Y Value: </div> |
|---|---|

Enter: ____ (0-Exit "K"ill "Fix" "Print Test Page)

Device Control Table

- **Type Printer:** The type printer should be answered **P**.
- **Multiple Trays:** Enter a **Y** if using multiple trays. If an application password is set, the password must be entered when selecting this sequence number.
 - **Admission Form:** Enter the name of the tray on the printer's setup menu that will print inpatient admission forms. The name entered must exactly match the name on the printer's setup menu. Admission forms should print from tray 2 of the printer unless 2 trays of labels are being used. If so, these should print from tray 3.
 - **Emergency Room Form:** Enter the name of the tray on the printer's setup menu that will print Emergency Room/Outpatient. The name entered must exactly match the name on the printer's setup menu. Emergency Room/Outpatient forms should print from tray 3 of the printer.
 - **Adult Adm. Labels:** Enter the name of the tray on the printer's setup menu that will print labels/wristband sheets. The name entered must exactly match the name on the printer's setup menu. Labels/wristbands must always print from tray 1 of the printer.
 - **Juv. Adm. Labels:** Enter the name of the tray on the printer's setup menu that will print juvenile labels/wristband sheets or label sheets without the wristband. The name entered must exactly match the name on the printer's setup menu.
 - **Rad. Composite Req:** Enter the name of the tray on the printer's setup menu that will print the Radiology Composite Requisition. The name entered must exactly match the name on the printer's setup menu. Contact a TruBridge Support Representative for assistance.
- **Duplexing:** Enter a **Y** if the facesheet and consent form are to print on the front and back of the paper. Contact a TruBridge Support Representative for assistance.

Because labels will be printing from tray 1, the default tray on the printer menu will need to be changed on all multi tray printers utilizing ARDS. Otherwise, standard print reports will print on labels. The following changes should be made on the printer menu:

Setting for Lexmark T640 Printer:

Under Paper Menu, the following settings should be changed:

Paper Source = Tray 2 (provided this tray will always contain white paper)
Paper Type = Tray 1 Type = Custom Type 1
 = Tray 2 Type = Custom Type 2
 = Tray 3 Type = Custom Type 3

Setting for Lexmark T642 Printer:

Under Paper Menu, the following settings should be changed:

Paper Source = Tray 3 (provided this tray will always contain white paper)
Paper Type = Tray 1 Type = Custom Type 1
 = Tray 2 Type = Custom Type 2
 = Tray 3 Type = Plain Paper

If the printer will be used as a workstation printer, the following fields must be answered on the port maintenance of the terminal or PC.

Select Web Client > System Menu > Special Functions > System Management > Device Control Table > Port Maintenance

Device Control Table

Port Number.....: 109 0-Exit

| | |
|---|--|
| <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">1 Department #....: 058 Administration</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">2 Location.....: LP109 Fairhope-Battles Wharf</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">3 Device Type....: PRINTER</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">4 Login.....: NO</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5 Baud Rate.....: 9600</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">6 IP Address.....: 010.017.000.028</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">21 Printer #.....: 109</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">22 Type Printer...: P DEF</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">23 Spooling.....: Y</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">24 Special Form...: N</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">25 Prt Lines Advan: </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">26 Prt Lines Retra: </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">27 Printer Name...: LP109</div> | <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">28 Multiple Trays.: Y Tray Name</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Admission Form.....: Plain Paper</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Emergency Room Form.: Plain Paper</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Adult Adm. Labels...: Custom Type 2</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Juv. Adm. Labels....: Custom Type 3</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Rad. Composite Req...: </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Prescription.....: </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">29 Duplexing.....: _</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">36 Print Shift X Value: </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">37 Print Shift Y Value: </div> |
|---|--|

Enter: ____ (0-Exit "K"ill "FX" "Print Test Page)

Device Control Table

- **Type Wk Station:** The type printer should be answered **P**. This will display the Multiple Trays field - if the ARDS application is turned on.
- **Printer # or Workstation for Forms:** Enter a **W** for Workstation printer for each type form that will print to the printer.
- **Multiple Trays:** Enter a **Y** if using multiple trays. If an application password is set, the password must be entered when selecting this sequence number.
 - **Admission Form:** Enter the name of the tray on the printer's setup menu that will print inpatient admission forms. The name entered must exactly match the name on the printer's setup menu. Admission forms should print from tray 2 of the printer unless 2 trays of labels are being utilized. If so, these should be setup to print from tray 3.
 - **Emergency Room Form:** Enter the name of the tray on the printer's setup menu that will print Emergency Room/Outpatient forms. The name entered must exactly match the name on the printer's setup menu. Emergency Room/Outpatient forms should print from tray 3 of the printer.
 - **Adult Adm. Labels:** Enter the name of the tray on the printer's setup menu that will print labels/wristband sheets. The name entered must exactly match the name on the printer's setup menu. Labels/wristbands should always print from tray 1 of the printer.
 - **Juv. Adm. Labels:** Enter the name of the tray on the printer's setup menu that will print juvenile labels/wristband sheets or label sheets without the wristband. The name entered must exactly match the name on the printer's setup menu.
 - **Rad. Composite Req:** Enter the name of the tray on the printer's setup menu that will print the Radiology Composite Requisition. The name entered must exactly match the name on the printer's setup menu. Contact a TruBridge Support Representative for assistance.

- **Duplexing:** Enter a **Y** if the facesheet and consent form are to print on the front and back of the paper. Contact a TruBridge Support Representative for assistance.

4.33 System Management Department Maintenance

Security switches in the System Management Department or Employee Maintenance control access into the Registration System. Switches 5, 38 and 65 control access to the registration and census functions of a patient's account. When locked onto a patient, this is Census, from the Patient Functions screen. Switch 5 controls access to Census, but the ability to change information within that option is controlled by switches 38 and 65. If view only capability is desired, switch 5 should be set to **Y**, with switches 38 and 65 set to **N**. Switches 17 and 18 give access to Transfer and Discharge patients.

NOTE: For full Registration and Maintenance ability, all five switches need to be set to **Y**. Additionally, users will need Application Default Rule - Patient Registration Applications and Behavior Control Default Rule - Patient Registration Behaviors set to allow in Identity Management.

The following describes the primary combinations of these three switches.
Switches:

| 5 | 17 | 18 | 38 | 65 | |
|---|----|----|----|----|------------------|
| Y | Y | Y | Y | Y | Full access |
| Y | Y | Y | Y | N | View only access |

NOTE: If switch 65 is set to **Y**, and either switch 17, 18 or 38 is set to **N**, the Unauthorized message will display when selecting any option from the ADT Functions drop-down menu on the Registration and ADT screen.

Select Web Client > System Menu > Special Functions > System Management > System Security > Department Security

System Management

Department Maintenance

Enter Dept. Number: 058 Administration

Password: 58

Security Level: 10 Requisition Spending Level: 9 1-9

Dept Phase ID: Patient Functions: ("L"ab, "R"adiology)

Emp. Sign On?: ☒

Direct to Base?: ☐

Direct to AR?: ☐

Direct to Phase: ☐

OE Security?: ☒

Fax System?: ☒

Fax Access Cd:

OE Prefix:

Printed Reports

Map#: 000 Line# 00 Pos#: 00 Code1:

EnterpriseWide Sch. Sec. Level: 0 1-5

Report Security

....5....10....15

YYYYYYYYYYYYYYYY

Use only for Auto-Send? ☐

Autosignoff: ☐

Disallow edit OEMaint complete info? ☐

Security Switches

....5....10....15....20....25....30....35....40....45....50....55....60....65....70....75....

YY

YYNN

Table Maintenance Security Switches

YYNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNN

Authorized Printers List:

Enter:

System Management

NOTE: The same security switches apply to the Employee Security table. If utilizing employee sign on, the Employee Security table will override the Department Security Maintenance table.

Chapter 5 Profile Listing

All patients and contacts will be listed in the system as a Person Profile. The Person Profile houses basic demographic and insurance coverage information. Prior to registering a visit, a Person Profile must be created. The profile listing is accessed by selecting **Profile Listing**.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing**

| Name | Number | Birthdate | MR Number | Film Number | Next Appointment |
|------|--------|-----------|-----------|-------------|------------------|
|------|--------|-----------|-----------|-------------|------------------|

Profile Listing

If the person has been seen previously at the facility, search the listing using any of the available search options, and select the patient's Person Profile. The patient may be searched by **Patient Name, Birth Date, Film #, Guarantor Name, Medical Record #, and SSN/Profile #**. The patient's Person Profile may also be accessed by entering the 8-digit **Profile#**. Verify all information and make any necessary changes to the profile. Even if the person is a new patient to the facility, verify that the person is not in the Profile Listing as a guarantor or other contact. Each patient should only appear in the Profile Listing **one** time.

Search the Community Index to see if the patient has been seen at another facility within the enterprise.

Select Web Client > System Menu > Hospital Base Menu > Profile Listing > Community Index > Enter patient name

Community Index Patient Index

Search: Clinics ☐ Home Health ☒ Hospitals ☒ Other Contributions ☐

Patient Name: REED Birth Date:

Go

| Name | Account # | Birthdate | SSN # | Index | Type | Discharge Date |
|------------------|-----------|------------|-------------|----------|------|----------------|
| REED GRACE ELLEN | 357830 | 06/19/1943 | 111-88-9696 | Hospital | 2 | 05/14/15 |
| REED GRACE ELLEN | 357843 | 06/19/1943 | 111-88-9696 | Hospital | 1 | 05/27/15 |
| REED GRACE ELLEN | 357870 | 06/19/1943 | 111-88-9696 | Hospital | 1 | 00/00/00 |
| REED GRACE ELLEN | 357886 | 06/19/1943 | 111-88-9696 | Hospital | 2 | 08/27/15 |
| REED GRACE ELLEN | 357889 | 06/19/1943 | 111-88-9696 | Hospital | 2 | 00/00/00 |
| REED GRACE ELLEN | 357892 | 06/19/1943 | 111-88-9696 | Hospital | 2 | 00/00/00 |
| REED GRACE ELLEN | 357918 | 06/19/1943 | 111-88-9696 | Hospital | 1 | 01/12/16 |
| REED GRACE ELLEN | 357934 | 06/19/1943 | 111-88-9696 | Hospital | 2 | 04/05/16 |
| REED GRACE ELLEN | 357984 | 06/19/1943 | 111-88-9696 | Hospital | 3 | 09/27/16 |
| REED GRACE ELLEN | 357986 | 06/19/1943 | 111-88-9696 | Hospital | 3 | 10/22/19 |
| REED GRACE ELLEN | 357997 | 06/19/1943 | 111-88-9696 | Hospital | 2 | 00/00/00 |
| REED GRACE ELLEN | 358002 | 06/19/1943 | 111-88-9696 | Hospital | 2 | 12/19/16 |
| REED GRACE ELLEN | 358004 | 06/19/1943 | 111-88-9696 | Hospital | 1 | 01/09/17 |
| REED GRACE ELLEN | 358059 | 06/19/1943 | 111-88-9696 | Hospital | 2 | 12/13/17 |
| REED GRACE ELLEN | 358064 | 06/19/1943 | 111-88-9696 | Hospital | 2 | 00/00/00 |

More

Community Index Patient Index

Once the appropriate patient is selected, the Patient Confirmation screen will display.

Select Web Client > System Menu > Hospital Base Menu > Profile Listing > Community Index > Enter patient name > Select patient

Accounts Receivable - Patient Confirmation

Is this the correct person? Yes No

Patient Demographics

Name: REED GRACE ELLEN

Sex: F

Birth Date: 06/19/1943

Marital: D

Nation: C

Soc Sec #: 111-88-9696

Country: US

Address: 6600 WALL ST

MOBILE

AL 36695

County: MOB

Phone #: 251-639-8200

Admit Date: 05/14/15

Disch Date: 05/14/15

Stay Type: 2

Account #: 357830

MR #: 000312

Spouse Demographics

Name:

Address:

Birth Pt:

Employer:

Emp Addr:

Miscellaneous

Father:

Mother:

Accounts Receivable - Patient Confirmation

After confirming the patient, the information displayed will copy forward into a new person profile.

NOTE: If a person is selected that is already listed in Person Profile, the following message will display, "A profile record already exists for that SSN. When you continue, that account will be accessed."

The EWS option will allow the search of patients that were set up in Enterprise Wide Scheduling.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > EWS**

The screenshot shows a web application interface for searching patients. At the top, there is a navigation bar with 'System Menu' and 'System Menu' links. Below this is a 'Patient List' section. The search area includes a 'Search By:' dropdown menu with options: 'Name' (selected), 'Date of Birth', and 'Schedule Date'. To the right of the dropdown is an 'Enter Starting Name:' text input field and a 'Go' button. Below the search area are radio buttons for 'All' (selected), 'Called', and 'Not Called'. The main area is a table with columns: 'Patient Name', 'Schedule Date', 'Entered Date', 'Last Called', 'Phone 1', 'Phone 2', and 'Physician'. The table is currently empty. At the bottom right of the table area is a 'More...' button. The interface is signed on as 'Emp: XXX Dept: 058'.

Patient List

Select Web Client > System Menu > Hospital Base Menu > Profile Listing > EWS > Schedule Date

System Menu
Signed On Emp: XXX Dept: 058

Patient List

Search By: Enter Starting Date:

☒ All ☐ Called ☐ Not Called

| Patient Name | Birthdate | Schedule Date | Entered Date | Last Called | Phone 1 | Phone 2 | Physician |
|------------------------|------------|---------------|--------------|-------------|------------|------------|--------------------|
| WOODSON STEPHEN TAYLOR | 04/15/1978 | 06/15/12 | 06/14/12 | 00/00/00 | 2514210745 | 2514553210 | CRABTREE JASON C |
| SMITH ELLA KATHERINE | 04/03/1982 | 10/15/12 | 10/03/12 | 00/00/00 | 2516398100 | 2516398214 | BROWN ADICE C |
| WINDSOR MICHAEL ANDERS | 11/22/1972 | 09/23/19 | 08/28/19 | 00/00/00 | 2517879543 | | WILLIAMS KATHERINE |

Patient List

Patients may be displayed either by Date of Birth, Patient Name or by Schedule Date. Enter the patient's scheduled date. A listing of patients set up through Enterprise Wide Scheduling will appear. After selecting the name, the Profile Listing will be accessed. If the patient name appears in the listing, select the Profile; otherwise, select **New Demographics** to set up a Person Profile for this person.

Select the person's profile.

To link the schedule to a visit, either select the Pre Admit visit or select **Create New Visit** to create a new visit.

5.1 Demographics

If the patient is not in the system, select **New Demographics**.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > New Demographics**

Accounts Receivable - Person Profile, Demographics

Name: ROTH OLIVER MICHAEL Social Security: 1000002506 ** Patient ** Person Profile#: 00003635 Date Created: 10/05/2018

Demographics Contact/Billing Info Clinical Info

Last Name: ROTH First Name: OLIVER Mid Name: MICHAEL Full Name: ROTH OLIVER MICHAEL Birth Date: 06/28/1985 39 YEARS MedRec #: 970719 Birth Sex: M Male Admin Gender: Country: US USA Address1: 123 ROSE STREET Address2: City: DAPHNE State/Zip: AL 36526 Curr Addr Dt: County: BLD BALDWIN/987 Phone: Voice: Cell Phone: Text Msg: Email: NA Msg: Military: Physician: 004917 Sec Name: Maiden Name: Religion: CA CATHOLIC Church: LFC LITTLE FLOWER CAT Race: W WHITE Ethnicity: N Not Hispanic or Latino Birth Place: Language: eng en English Interpreter: Expired Date: Confidential: Marital: M

| Visit# | From Date | Thru Date | Service | Balance | Bad Debt |
|----------|------------|------------|----------|---------|----------|
| E0000833 | 02/07/2023 | | EMERGENC | .00 | .00 |
| E0000467 | 10/05/2018 | 02/07/2023 | INVALID | .00 | .00 |

Visit Listing A/R Bal: .00 Bad Bal: .00 Ins Bal: .00 Pat Bal: .00

Show History Information Submissions Ready

Accounts Receivable - Person Profile, Demographics

- **Social Security:** Enter the patient's social security number or if unknown, select **New**. New will populate the field with a generic 10-digit number. Once the social security number is determined, it will need to be updated using the **Change SSN** option under Misc Options.

NOTE: Once the Social Security field is populated, the **Date Created** field will display the current date listed as the date the Profile was created. This field is view only.

- **Last Name:** Enter the patient's last name in uppercase letters. Do not use any punctuation.
- **First Name:** Enter the patient's first name in uppercase letters. Do not use any punctuation.
- **Mid Name:** Enter the patient's middle name and any titles, such as "JR" or "MD", the patient may have in uppercase letters. Do not use any punctuation.
- **Full Name:** This field will populate once the last name, first name and middle name are entered.
- **Birth Date:** Enter the patient's birth date in MMDDCCYY format. For example, March 18, 1973, should be entered as 03181973. Once the date is entered, the age will calculate and appear to the right.

- **MedRec #:** Enter a Medical Record number. For Medical Record numbers that are assigned automatically by the system, select the **NEW** button or enter a question mark (?). A message will appear that states, "About to assign a new Med Rec Number. Do you wish to continue?" If **Yes** is selected, the system will assign the next available Medical Record number loaded in the Automatic MR# field on page 5 of AHIS. If **No** is selected, the cursor will remain in the Medical Record Number field.
- **Birth Sex:** Enter **M** for male, **F** for female or **U** for unknown.
- **Admin Gender:** This field defines the gender of a person for administrative purposes. Select the drop-down and select **Male**, **Female**, **Other** or **Unknown**. If this field is left blank when creating a new Profile, the Birth Sex will copy to this field once the Admin Gender is entered or tabbed through.
- **Country:** This field defaults to US. Enter the person's two or 3-digit country code. A lookup window is available. Select the **magnifying glass icon** or enter a question mark (?) to see the listing. Entering a code other than **US** will allow alpha characters to be entered in the Zip code field.
- **Address1:** Enter the patient's street address or Post Office Box number.
- **Address2:** Enter the patient's apartment name and/or number.
- **City:** Enter the city in which the patient resides. A lookup window is available. Select the **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct city.
- **State/Zip:** Enter the state and the five or 9-digit zip code. Do not separate numbers with punctuation. If utilizing the Auto Zip feature, the state will automatically be entered once the zip code is entered.
- **Curr Addr Dt:** Enter the date the patient moved to the address listed in the Address fields. This may be entered in MMDDYY, MMDDYYYY, MMY or MMYYYY format.
- **County:** Enter the county code for the county in which the patient lives. A lookup window is available. Select the **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct county.
- **Phone:** Enter the area code and phone number. Do not separate numbers with dashes.
- **Voice:** Select **Opt In** or **Opt Out** to determine if a phone call will be made to the patient regarding scheduled appointments. This field works in conjunction with the Patient Connect application.
- **Cell Phone:** Enter the area code and cell phone number. Do not separate numbers with dashes.
- **Text Msg:** Select **Opt In** or **Opt Out** to determine if messages will be sent via text message to the patient regarding scheduled appointments. This field works in conjunction with the Patient Connect application.
- **Email:** Enter the patient's email address. Punctuation and lowercase letters may be used in this field.

NOTE: For facilities utilizing MyCareCorner, Age of Account Decoupling feature, when a patient reaches the Decouple Age and the MyCareCorner record is unregistered, the Email Address will automatically be removed. This will ensure that when a patient revisits the facility, the correct Email Address is captured and the correct person is re-invited to MyCareCorner.

- **Msg:** Select **Opt In** or **Opt Out** to determine if messages will be sent via email to the patient regarding scheduled appointments. This field works in conjunction with the Patient Connect application.
- **Physician:** This will pull to new visits for the hospital as the attending physician. This field may be skipped and the physician entered on the visit.

NOTE: If a physician number that has been inactivated is manually entered in the Physician field, the message "Inactive Physician" will display, and the field will revert back to its original state.

- **Sec Name:** Enter the patient's nickname or "aka" name.
- **Maiden Name:** Enter the patient's maiden name.
- **Religion:** Enter the religion code that describes the patient's religion. A lookup window is available. Select the **magnifying glass icon** or enter a question mark (?) to see the available options. Select the correct religion.
- **Church:** Enter the church code that represents the patient's church. A lookup window is available. Select the **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct church.
- **Race:** Enter the primary race code that represents the patient's race. Select the **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct race. If additional races need to be captured, please refer to the [Race/Ethnicity Edit](#)⁶⁵ section of this user guide.
- **Ethnicity:** Enter the primary ethnicity code that represents the patient's ethnicity. A lookup window is available. Select the **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct ethnicity. If additional ethnicities need to be captured, please refer to the [Race/Ethnicity Edit](#)⁶⁵ section of this user guide.
- **Tribe:** If the patient is affiliated with a tribe, select the **plus sign** to search for and select the appropriate tribe.
- **Military:** Enter a **Y** if the patient is receiving military benefits such as Tricare. Enter an **N** if the patient is not receiving military benefits.
- **Birth Place:** Enter the patient's city and state of birth. This is a free-text field with no lookup window.
- **Language:** Enter the language code that represents the patient's language. A lookup window is available. Select the **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct language.
- **Interpreter:** Enter a **Y** if the patient needs an interpreter during their visit. Enter an **N** or leave the field blank if the patient does not need an interpreter.

- **Expired Date:** If the patient has expired, enter the date in this field.
- **Confidential:** If the patient is to be considered confidential, enter a **Y** in this field. Enter **N** if the patient is not confidential. Making a patient confidential will allow him to be omitted from several Census reports.
- **Marital:** Enter the marital status code for the patient. Select the **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct code.

Visit Listing


- **A/R Balance:** This is the total A/R Balance from all visits.
- **Bad Bal:** This is the total Bad Debt Balance from all visits.
- **Ins Bal:** This is the total Insurance Balance from all visits.
- **Pat Bal:** This is the total Patient Balance from all visits.

All Accounts Receivable visits for this person will be listed. Selecting the visit will access the Accounts Receivable - Patient Functions screen. See [Create New Visit](#) for steps to create a New Visit.

NOTE: An asterisk (*) will appear after the sub visit number for visits that were created for Critical Access Hospitals.

- **Show History/Show AR Only:** This option toggles the Visit Listing display. If **Show History** is selected both AR visits and History visits will display. If **Show AR Only** is selected, only AR visits will display. The default display for the Visit Listing is **AR visits only**.
- **Link Appointments:** This option is used in conjunction with the Updated Scheduling module. It is used to link a patient visit to a scheduled appointment. Please refer to the [Updated Scheduling](#) documentation for more information about this module.
- **Information Submissions:** This option is used in conjunction with MyCareCorner. It is used to link documents the patient has uploaded from MyCareCorner to a visit. Once documents have been linked to the correct visit, the documents will then display in Electronic File Management. Information Submissions is a purchased application. Please refer to the [MyCareCorner](#) documentation for more information on how this option is used.

Race/Ethnicity Edit

If additional races or ethnicities need to be captured, select the  **red plus sign icon** next to the Race field in the profile or visit.

NOTE: The red plus sign icon will only become available once the Race and Ethnicity fields have been addressed on the profile or visit.

Select Web Client > System Menu > Hospital Base Menu > Profile Listing > New Demographics > **Red Plus Sign Icon**

OR

Select Web Client > System Menu > Hospital Base Menu > Patient Account > Census > Patient Tab > **Red Plus Sign Icon**

System Menu
System Menu

REED GRACE ELLEN Age: 80 DOB: 06/19/1943 Birth Sex: F Admin Gender: UN Profile: 00000647 Home Phone: 251-789-4125 Cell Phone: 251-555-1145
Email: jill.johnson@evident.com CCM: N/A

Add to Selected Remove New Race New Ethnicity

Race/Ethnicity Edit

Primary Race: CAUCASIAN
Primary Ethnicity: Not Hispanic or Latino

| Selected | | |
|----------|------------------|------|
| AFAMER | AFRICAN AMERICAN | RACE |
| AMIND | AMERICAN INDIAN | RACE |

Search

Filter: ☒ Race ☐ Ethnicity

Search:

| | | |
|---------|----------------------------|------|
| AS | ASIAN | RACE |
| DECLINE | PATIENT DECLINED TO ANSWER | RACE |
| HIS | HISPANIC | RACE |
| O | OTHER | RACE |
| TEST | Test Race | RACE |
| U | UNKNOWN | RACE |
| UK | UNABLE TO DETERMINE | RACE |
| W | WHITE | RACE |

Race/Ethnicity Edit

The primary race and ethnicity will display at the top of the screen. The **Selected** section, on the left-hand side of the screen, will display any additional race/ethnicity codes that have been added to the profile or visit. The **Search** section, on the right-hand side of the screen, will display all of the race or ethnicity codes set up in Table Maintenance. The **Race** and **Ethnicity** radio buttons at the top of the Search section will control whether it will display race or ethnicity codes.

To select an additional race or ethnicity, select the **Race** or **Ethnicity** radio buttons in the Search section of the screen. A search option is available. Select the desired race or ethnicity and then select **Add to Selected** to move it to the Selected section. To remove a race or ethnicity from the Selected section, select the race or ethnicity and then select **Remove** to move it back to Search section of the screen. When all additional races and ethnicities have been added, select the **back arrow** to return to the profile or visit. Once additional races have been added, the Race field will become "**Races**" on the profile and visit and will be highlighted in red.

To add a new race or ethnicity, select **New Race** or **New Ethnicity** from the action bar. This will then allow a new race code, or a new ethnicity code, to be added to Table Maintenance and may then be used from that point forward. In order to create new races, or new ethnicities, from the Race/Ethnicity Edit screen, users will need the Census Behavior Control called "Create additional races and ethnicities during registration" set to allow.

NOTE: All Race and Ethnicity codes must be associated with a Meaningful Use value code in the respective business office table.

5.2 Contact/Billing Info

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Contact/Billing Info**

Accounts Receivable - Person Profile, Contact/Billing Info


Contact Information


For contacts attached to the patient, a Person Profile must exist. To add the contact, use the **magnifying glass icon** to access the Profile Listing. If the contact is not listed in the Profile Listing, a new demographic will need to be added. Select **New Demographic** to add the contact. If the contact is listed in the Profile Listing, select the person. Once the appropriate person is selected, the Verify Profile screen will display. This screen gives the user the opportunity to verify the demographic information listed for the contact. The system will prompt "Is this the correct person?" Select **Yes** if the correct person is selected, and the contact's Person Profile will display. Select **No** if the wrong person is selected, and the system will return to the Profile Listing.

- **Guarantor:** Select the guarantor. Select the **magnifying glass icon** to see the listing. This is important for the billing process. Entering a **S** and pressing enter in this field will attach the patient as the guarantor.

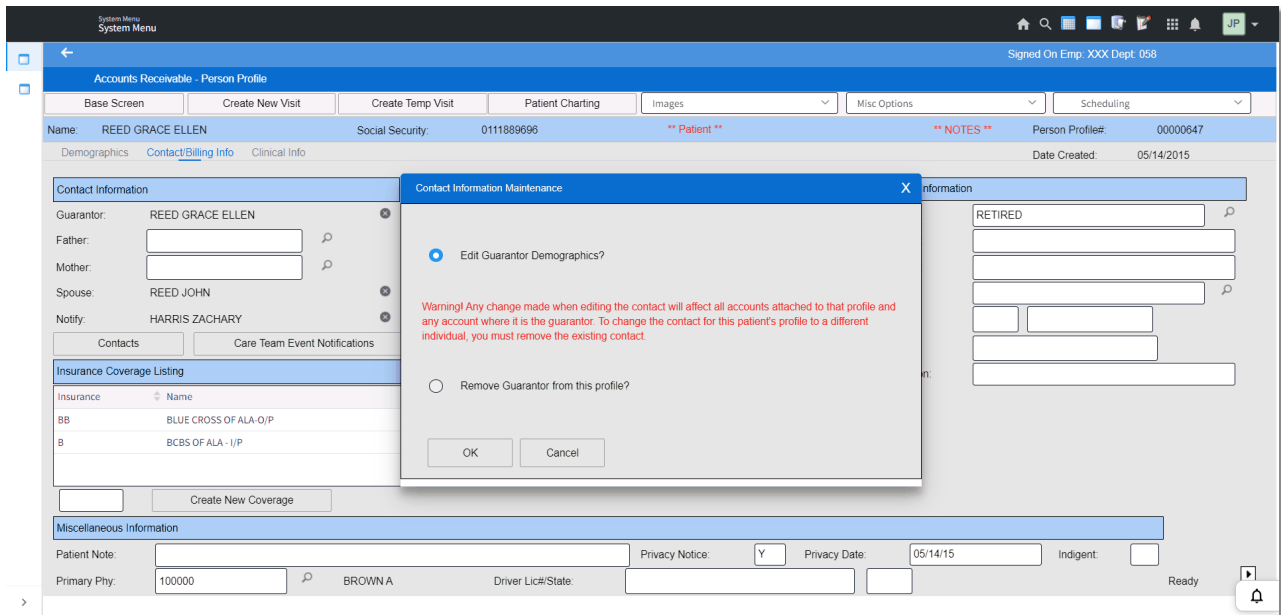
- **Father:** Select the patient's father. Select the **magnifying glass icon** to see the listing.

- **Mother:** Select the patient's mother. Select the **magnifying glass icon** to see the listing.

- **Spouse:** If the patient is married, select the spouse. Select the  **magnifying glass icon** to see the listing.

- **Notify:** Select the patient's notify in case of emergency contact. Select the  **magnifying glass icon** to see the listing.

To change a contact listed or update information, use the mouse to right-click the person. Select **Edit** or **Remove** and select **OK**.



Information Maintenance

NOTE: A warning displays when attempting to edit a contact listed or update information "Warning! Any change made when editing the contact will affect all accounts attached to that profile and any account where it is the guarantor. To change the contact for this patient's profile to a different individual, you must remove the existing contact." This warning advises that if information is edited on the current contact listed that information will be changed on any account where that contact is listed as the guarantor.

- **Relation:** Select the patient's relationship to the notify in case of emergency contact. Select the



magnifying glass icon or enter a question mark (?) to see the available options.

- **Contacts:** Select this option to enter additional contacts for the patient. Please refer to the [Contacts](#) ⁷⁷ section of this user guide for more information on how to utilize this option.


- **Care Team Event Notifications:** Select this option to enter physicians to notify when the patient is admitted, discharged or transferred from the facility. Please refer to the [Care Team Event Notifications](#) ⁷⁹ section of this user guide for more information on how to utilize this option.

Billing Information

The Billing Information will be updated on the individual visits.

- **Sig on File:** This field is used for Illinois Medicaid only. Please contact a Support Representative for further information on this field.
- **Communication Preference:** Select the patient's preferred form of communication from the drop-down menu. The options for this field are E-mail, Mail, Text Message or Voice Message.

Employer Information

- **Employer:** Enter the 3-digit employer code. A lookup window is available. If the patient's employer is not in the lookup, the information may be entered. If there is a code in the Employer table that is also the same first three letters of an employer being entered, enter 999 and then enter the employer name. (Example: Employer table has CPS and the registration clerk enters CPS and presses enter, the information from the table will pull.)
- **Address1:** Enter the street address or Post Office Box number of the employer's location. When the lookup window is used for the Employer field, this information will pull from the Employer Table.
- **Address2:** Enter the apartment name and/or number. When the lookup window is used for the Employer field, this information will pull from the Employer Table.
- **City:** Enter the name of the city. A lookup window is available. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct city. When the lookup window is used for the Employer field, this information will pull from the Employer Table.
- **State/Zip:** Enter the state and the zip code for the patient's employer. When the lookup window is used for the Employer field, this information will pull from the Employer Table.
- **Phone:** Enter the phone number for the patient's employer. When the lookup window is used for the Employer field, this information will pull from the Employer Table.
- **Occupation:** Enter the occupation of the patient.

Insurance Coverage Listing

This will list the patient's current insurance financial class information. This will list all active coverages for the patient for all of the patient visits. Select **Create New Coverage**. Using the lookup, select the correct insurance financial classes.

The screenshot shows the 'Insurance System' interface. A 'Insurance Lookup' window is open, displaying a list of insurance codes and descriptions. The 'Insurance Coverage Listing' window is also visible in the background.

| Code | Description | Address |
|------|------------------------------|---|
| BC | BCBS OF ALA - CLINIC | |
| BEC | BCBS OF ALA - EXTENDED CARE | |
| BH | BCBS OF ALA - HOME HEALTH | |
| B | BCBS OF ALA - I/P | 450 RIVERCHASE PKWY EAST BIRMINGHAM AL |
| BS | BCBS OF ALA - SWING BED | |
| BB1 | BCBS OUT OF STATE - O/P | |
| B1 | BCBS OUT OF STATE - I/P | |
| C5 | BEN MANAGEMENT OF ME - I/P F | PO BOX 3859 PORTLAND ME |
| CBS | BENEFIT MANAGEMENT | PO BOX 8070 PORTLAND ME |
| BB | BLUE CROSS BLUE SHIELD OP | 450 RIVERCHASE PKWY EAST BIRMINGHAM AL |
| BHH | BLUE CROSS HOME HEALTH | 450 RIVERCHASE AVE BIRMINGHAM AL |
| BP | BLUE CROSS PHYSICIAN | |
| BRR | BLUE CROSS-RECURRING | 450 RIVER CHASE PKWY EAST BIRMINGHAM AL |
| S | CHAMPUS - I/P | |
| SB | CHAMPUS - O/P | |

Insurance System

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Contact/Billing Info > Create New Coverage > Select financial class**

The screenshot shows the 'Accounts Receivable Claim Maintenance, Policy Information' window. The window displays detailed information for a policyholder, including insurance company details, policy information, and subscriber information.

| Insurance Company | Policy Information |
|------------------------------------|--------------------------|
| Name: BLUE CROSS BLUE SHIELD - O/P | Contract #: PPA123456789 |
| Address-1: 6600 LONGLEAF DR | Group Name: 18 |
| Address-2: MOBILE | Relation: 18 |
| City: MOBILE | Group Num: 12345 |
| State/Zip: AL 36695 | Birth: 06/28/1985 |
| Phone/ Contact: 205-554-4321 | Primary: Y |
| | Sex: M |
| | Medicare #: |
| Subscriber | Contract Management |
| Name: ROTH OLIVER MICHAEL | Plan: WD AETNA PLAN A |
| Address-1: 123 ROSE STREET | Network: |
| Address-2: DAPHNE | Miscellaneous |
| City: DAPHNE | Misc3: |
| State/Zip: AL 36526 | GBHC: |
| Employer: 011 HILL & BROOKS COFFEE | Medigap #: |
| Address: 1322 HILL AVENUE | Payer ID: 00350 |
| | EOB Indicator: |
| | EID: |
| | ESC: 1 |
| | Release of Info: Y |
| | Direct Pay: N |
| | Ben. Desc: |

Accounts Receivable Claim Maintenance, Policy Information

Insurance Company

- **Name:** The name of the insurance company that was entered on the Contact/Billing Info tab will pull.
- **Address-1:** Enter the street address or Post Office Box number of the insurance company.
- **Address-2:** Enter additional address information if necessary.
- **City:** Enter the city.
- **State/Zip:** Enter the 2-character state code and zip code.
- **Phone/Contact:** Enter the area code and phone number of insurance company and the name of the person who should be contacted to verify insurance information.


NOTE: When the insurance company's Name, Address-1, Address-2, City, State and Zip Code are loaded in the Insurance Company table, the information will automatically pull to the above fields.

Subscriber

- **Name:** The name of the guarantor entered will pull to the subscriber section for all insurance types except for Medicare and Medicaid, which will pull the patient name.


NOTE: The Copy Guarantor Info to Ins. Subscriber field on page 8 of AHIS will allow the guarantor information to pull to the subscriber fields. If this field is set to **P**, the patient information will pull to the subscriber fields. An **N** will allow these fields to remain blank.

- **Address-1:** Pulls the guarantor's street address or Post Office Box number.
- **Address-2:** Pulls the guarantor's apartment name and/or number.
- **City:** Pulls the guarantor's city.
- **State/Zip:** Pulls the guarantor's state and the zip code.

- **Employer:** Pulls the guarantor's employer. Select the  **magnifying glass icon** or enter a question mark (?) to access the employer lookup. If the employer is not listed, enter the employer. The system will place 999 in front of any employers that were typed in.
- **Address:** Pulls the guarantor's employer's street address.

Policy Information

- **Contract #:** Enter the contract number of the insurance.
- **Group Name:** Enter the group name.
- **Group Num:** Enter the group number.


- **Primary:** This field should be answered **Y** for the primary insurance and **2** or **3** for all other insurances. Setting the secondary and tertiary insurances primary switch to a 2 or 3 helps insurance billers identify which secondary insurance to bill after the primary insurance company has paid.
- **Relation:** This code indicates the patient's relationship to the subscriber. This code pulls to locator 59 on the UB04 and locator 6 on the 1500. Select the  **magnifying glass icon** or enter a question mark (?) to access the Relation code lookup.
- **Sex:** Enter the sex of the subscriber.
- **Birth:** Pulls the guarantor's date of birth in MMDDYYYY format.
- **Medicare #:** Used to record the Medicare Contract Number that was used prior to the issuing of the Medicare Beneficiary Identifier (MBI). This will allow the legacy Medicare Contract # to be recorded for reporting purposes.

Contract Management

- **Plan:** Updated manually by facilities using the Contract Management application or may be pulled automatically from the Insurance Company table.
- **Network:** Updated automatically by the system when using the Contract Management application.

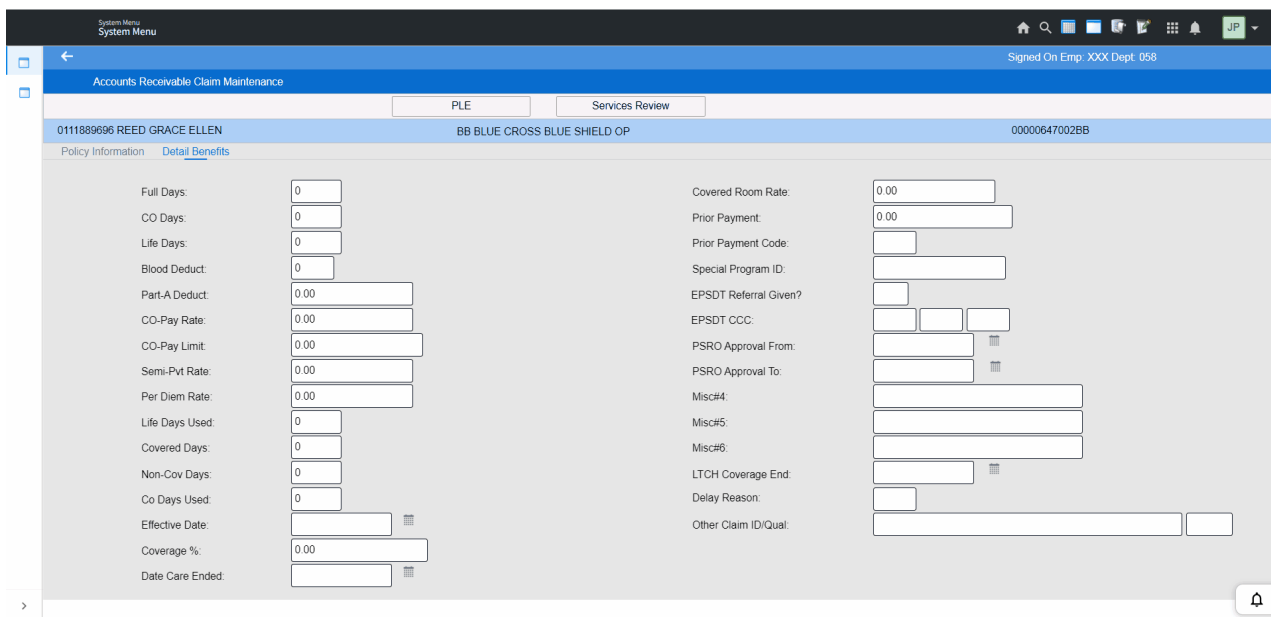
Miscellaneous

- **Misc#3:** This field is for state specific use. It requires information to be entered manually.
- **GBHC:** The Georgia Better HealthCare number should be entered here.
- **Medigap#:** The Medigap number is used for certain intermediaries. It may be entered manually or pull from the Medigap field on page 8 in the Insurance Company table.

- **Clinic Cd:** Select a clinic code from the lookup menu to have a clinic's address pull to locator 1 on the UB04 or locators 32 and 33 on the 1500.
- **Payer ID:** The Payer ID for electronic billing may be manually loaded here, or it can pull from the Payer ID field on page 4 in the Insurance Company table.
- **EOB Indicator:** Entering **Y**, will indicate if the secondary payer needs a hardcopy EOB from the primary attached to the claim.
- **EID:** The Employment Information Data should be entered here.
- **ESC:** Employment Status Code (ESC) is updated manually. Select the  **magnifying glass icon** or enter a question mark (?) to access the ESC Code lookup.
- **Release of Info:** This field is used for institutional claims. If blank, the system defaults to **Y**. Otherwise, the facility may enter **A, I, M, N, O** or **Y** depending on specific requirements. This pulls to locator 52 on the UB04.
- **Direct Pay:** If set to **N**, the hospital receives the reimbursement. If set to **Y**, the patient receives the reimbursement. This will default to **N**.
- **Ben. Desc:** The Benefit Description fields' use varies from state to state. If necessary, information will be entered manually. These fields will hold up to 110 characters of which 108 will transmit electronically. Type **XMIT** in the first four spaces of the first field, and type what needs to pull to locator 19 on the 1500 form or to locator 80 on the UB04.

Detail Benefits

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Contact/Billing Info > Create New Coverage > Select financial class > Detail Benefits**



Accounts Receivable Claim Maintenance, Detail Benefits

- **Full Days:** Enter the maximum number of days the insurance company plans to cover the patient.
- **CO Days:** Enter the maximum number of days the insurance company will partially cover the patient's bill amount.
- **Life Days:** Life days normally only apply to Medicare claims. If life days apply to this patient's insurance, enter the number of days in this field.
- **Blood Deduct:** Enter the number of pints of blood for which the patient is responsible for paying.
- **Part-A Deduct:** Deductible amounts lower the expected pay amount but do not affect the covered and non-covered dollar amounts. If there is a deductible amount, enter it in this field.
- **CO-Pay Rate:** Enter the rate the patient is responsible for if co-insurance days are used.
- **CO-Pay Limit:** If those patients using co-insurance days have a limit on the co-pay rate, enter the limit amount in this field.
- **Semi-Pvt Rate:** The semi-private room rate that is loaded on page 1 of AHIS will pull to this field on the Detail Benefits screen unless the Insurance Company table has a room rate loaded on page 6. The semi-private room rate loaded in the Insurance Company table overrides the amount loaded in AHIS for that particular financial class.
- **Per Diem Rate:** The daily per diem rate loaded in the Insurance Company table for a particular financial class will pull to this field.
- **Life Days Used:** Enter the number of life days used for the insurance claim.
- **Covered Days and Non-Cov Days:** The covered and non-covered days are updated by the system. When the claim is generated, the system looks at the full days field and determines if the days are covered or non-covered.
- **Co Days Used:** Load the number of co-days a patient has used for a particular financial class.
- **Effective Date:** Enter the date the insurance coverage began. The date should be entered in MMDDYY format.
- **Coverage %:** If the insurance company is not covering a claim at 100%, enter the percentage amount in this field.
- **Date Care Ended:** Enter the date the insurance policy ended. Enter the date in MMDDYY format.
- **Covered Room Rate:** Enter the covered room rate amount. This field is used for informational purposes.
- **Prior Payment:** If an insurance payment was made on the visit for a billing period prior to the period the claim is being generated, enter the payment amount in this field.
- **Prior Payment Code:** This is a state specific field.
- **Special Program ID:** This is not used at this time.

- **EPSDT Referral Given?:** Was Early and Periodic Screening, Diagnosis and Treatment Referral Given to patient? **Y** or **N**.
- **EPSDT CCC:** Certification Code for EPSDT: **AV**(available-not used), **NU** (not used), **S2**(under treatment) or **ST** (new service requested)
- **PSRO Approval From:** This is not used at this time.
- **PSRO Approval To:** This is not used at this time.
- **Misc#4:** This field is informational and must be entered manually.
- **Misc#5:** This field is informational and must be entered manually.
- **Misc#6:** This field is informational and must be entered manually.
- **LTCH Coverage End:** If the patient's benefits expire prior to the time of discharge, the date coverage ends can be loaded in this field, and the system will calculate a per diem reimbursement using the admit date as the begin date and this coverage end date.
- **Delay Reason:** This is a 2-digit reason code placed on the Electronic File. The code represents the reason a claim is being billed late.

NOTE: If there is a required field on Policy Information or Detailed Benefits, that information must be filled out before exiting this screen. The required field will highlight in red indicating this information must be entered. This is defined by the Policy Information Controls in the Insurance Company table by entering an **R** in the required fields.

Miscellaneous Information

- **Patient Note:** This is a free-text field. This note will display any time the Person Profile is accessed.
- **Privacy Notice:** Indicates if the patient has signed a privacy notice.
- **Privacy Date:** Enter the date the person received the privacy notice. To have the current date pull, type a period (.) then tab to next field.
- **Indigent:** Enter a **Y** if this is a Medicare patient and has been deemed indigent. Leave this field blank if this patient is not indigent. For financial classes other than Medicare, this field may remain blank. This information will pull to the Medicare Bad Debt report.
- **Primary Phy:** Enter the family physician number. There is a lookup available by selecting the



magnifying glass icon. The physician will pull to all visits.

NOTE: If a physician number that has been inactivated is manually entered in the Physician field, the message "Inactive Physician" will display, and the field will revert back to its original state.

- **Driver Lic#/State (Driver License Number):** Enter the patient's driver license number. A 20-digit driver license number may be entered. Enter the 2-character abbreviation for the state of issue.

Contacts

Selecting **Contacts** from the profile or visit will display the Profile, or Visit, Contact List and will show all the contacts for the patient along with the relationship type. From this screen, existing contacts may be edited and new contacts may be added.

A list of available contact types, with no associated contact name, will be listed at the top of the screen. The available contact types are: Guarantor, Father, Mother, Spouse, Emergency Contact, Authorized Representative and Caregiver. Once a contact name is associated with an available contact type, it will copy back to its respective profile, or visit, depending on if it is being added from the Profile Contact List or the Visit Contact List. As contact names are associated with available contact types, they will be removed from the Available listing at the top of the screen.

NOTE: When a new visit is created, the contacts on the Profile Contact List will copy to the Visit Contact List. If changes are made to the contacts on the Visit Contact List, they will not copy back to the Profile Contact List.

Contacts with an asterisk "*" at the beginning of their name denotes that the contact is the Primary Emergency Contact for the patient.

Only one contact name may be added for contact types Guarantor, Father, Mother, Spouse, Patient Portal Authorized Rep and Caregiver. Multiple contact names may be added for Emergency Contacts.

NOTE: The Guarantor should never be added from the Profile/Visit Contact List. This should still be added on the profile or visit itself.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Contact/Billing Info > Contacts**

or

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > Contact tab > Contacts**

or

Select **Web Client > System Menu > Hospital Base Menu > Patient Account Number > Census > Contact tab > Contacts**

| Contact Name | Relationship |
|------------------|-------------------|
| REED GRACE ELLEN | GUARANTOR |
| REED JOHN | SPOUSE |
| *HARRIS ZACHARY | EMERGENCY CONTACT |
| ALLEGRA JANE | AUTHORIZED REP |

Profile Contact List

To add a new contact to the profile or visit, select **New** from the action bar.

The Patient Profile List will then display. A search option is available to search for an existing patient to add as a contact. Once the contact has been found, double-click the contact name, or select the contact name and then select **Select** from the action bar. If the contact person is not found, select **New** from the action bar to create a patient profile for the contact.

The Demographic Information screen will then display to verify the information for the selected contact is correct. If the correct contact has been selected, select **OK** from the action bar. If the wrong contact was selected, select the **back arrow** to return to the Patient Profile List.

The Relationship Selection screen will then display. On the Search side of the screen, double-click the contact's relationship to the patient to add it to the Selected side of the screen. Multiple relationships may be added for the contact. If a relationship needs to be removed, double-click the relationship on the Selected side of the screen.

The Primary Emergency Contact option at the top of the screen will only become accessible if the Emergency Contact relationship is selected. Once all relationships have been selected, select **Update** on the action bar. To return to the Profile/Visit Contact List, select the **back arrow**.

NOTE: *There may only be one contact designated as the Primary Emergency Contact. If another contact was previously designated, as soon as this option is selected and updated for the new contact, it will be reflected in both the Profile/Visit Contact List with an asterisk at the beginning of the contact name and will update the profile or visit.*

The following options are available on the action bar of the Profile/Visit Contact List:

- **New:** Select this option to add/create a new contact.
- **Edit:** Select this option to make changes to the contact's relationship.

NOTE: *If needing to delete a contact entirely, select the contact, then select **Edit**. Remove all relationships from the Selected side of the screen by double-clicking each one. Once finished, select **Update** and then select the **back arrow** to return to the Profile Contact List.*

- **Details:** Select this option to view the Demographic Information for the selected contact.
- **Mass Change Visit Contacts:** Select this option to allow contacts to be changed on all visits associated with the profile.

Once the Mass Change Visit Contacts screen displays, the contacts may be changed on all the accounts attached to the profile, to a single account or to all accounts in a specified admit date range. The default selection is **All Accounts**. Select the checkbox next to each contact that requires a mass change. Once all selections have been made, select **Update** on the action bar.

NOTE: *When utilizing the All Accounts option, history accounts attached to the profile will be updated with any fields selected to be mass changed.*

NOTE: *If the Guarantor needs to be mass changed, please refer to the [Mass Change](#)⁹⁴ section of this user guide.*

To return to the profile or visit, select the **back arrow**.

Care Team Event Notifications

Selecting **Care Team Event Notification** from the profile or visit will display a listing of added physicians the patient has requested to be notified when they are admitted or discharged from the facility.

The Care Team Event Notification screen will allow a physician to be added, deleted or edited. Only physicians set up in the Referring Physician table may be sent a notification.

In order to have access to add, edit or delete physicians, users will need to have the Behavior Control "Edit Patient Event Notification Information" set to allow. If this Behavior Control is set to deny, users will only be able to view the listing.

NOTE: If a Primary Care Physician is populated on the Profile Contact/Billing Info tab, the physician will automatically pull to the Care Team Event Notification screen if the physician has already been linked to a Referring Physician in the Referring Physician table. The physician's number may be linked by entering it in the TruBridge Provider field in the Referring Physician table.

If a Primary Care Physician is removed/replaced on the profile or visit, Web Client will automatically insert the date the physician was removed/replaced as an Inactive Date. This will prevent a previous Primary Care Physician from incorrectly receiving a Patient Event Notification.

The PEN Transmission Log may be viewed to monitor patient event notifications that are being sent. This report will also include reasons as to why any member of the Patient Care Team may not be receiving transmissions. Please see the PEN Transmission Log in the Person Profile and Registration user guide for more information.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Contact/Billing Info > Care Team Event Notification**

or

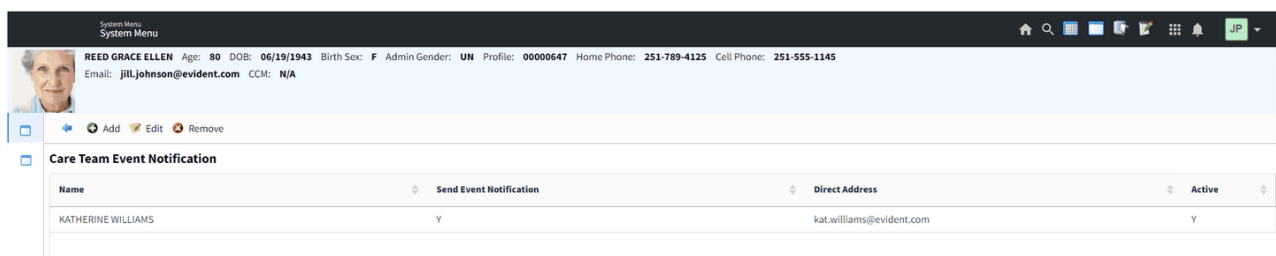
Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Clinical Info > Privacy/Consent > Care Team Event Notification**

or

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > Stay tab > Care Team Event Notifications**

or

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > Stay tab > Consent/Privacy Settings > Care Team Event Notification**



| Name | Send Event Notification | Direct Address | Active |
|--------------------|-------------------------|--------------------------|--------|
| KATHERINE WILLIAMS | Y | kat.williams@evident.com | Y |

Care Team Event Notification

The Care Team Event Notification screen will display the following:

- **Name:** Displays the physician's name from the Referring Physician table.
- **Send Event Notification:** Displays a **Y** if the patient wishes to send a notification to the physician. An **N** will display if the patient does not want to send a notification.
- **Direct Address:** The physician's direct address where the notifications will be sent.
- **Active:** Displays a **Y** if the physician is active for the patient's notified care team. A **N** will display if the physician has been inactivated.

The following options are available on the action bar:

- **Add:** Select this option to add a new physician to be notified.
- **Edit:** Select an existing physician from the screen and then select this option to make any changes.
- **Remove:** Select an existing physician from the screen and then select this option to remove the physician.

Adding a Physician

Select **Add** on the action bar to begin adding a new physician.

Complete the following fields:

- **Provider:** Select the magnifying glass to display a listing of physicians set up in the Referring Physician table.

NOTE: A provider must be set up in the Referring physician table in order to display in this lookup.

- **Send Notification:** Select **Yes** to send the physician an electronic notification when the patient is admitted, discharged or transferred from the facility. Select **No** to not send an electronic notification to the physician.
- **Direct Address:** This field will auto populate with the selected physicians direct address. This information pulls from the Referring Physician table.
- **Role:** This field is used to identify the role of the provider. Select the magnifying glass next to this field to display a listing of available roles.
- **Specialty:** This is a free text field where the physician's specialty may be added, if needed.
- **Active Date:** The date the patient decided to send notifications to this physician. Select **Day** from the drop-down to enter the date as MM/DD/YYYY, select **Month** to enter the date as MM/YYYY, or select **Year** to enter the date as YYYY.

- **Inactive Date:** If a patient decides to no longer send electronic notifications to this physician, or no longer wants this physician to be a part of their notified care team, an inactive date may be entered in this field. Select **Day** from the drop-down to enter the date as MM/DD/YYYY, select **Month** to enter the date as MM/YYYY, or select **Year** to enter the date as YYYY.

Select **Save** from the action bar to save the physician to the Care Team Event Notifications.

Creating a New Visit

When creating a new visit for a patient, physicians previously set up in the Care Team Event Notifications screen will appear as display only in the Create New Visit screen. The physicians that are displayed also have Send Notifications set to **Yes** in the Care Team Event Notifications screen.

The Patient Event Notifications drop-down will always default to **Send Notification**. If the patient does NOT want to send notifications for this visit, select the drop-down and change to **Do Not Send Notification**. If Do Not Send Notification is selected, the current date will populate below the drop-down and will also copy over to the Privacy Consent Screen.

Table Maintenance

The Referring Physician table must have physicians setup in order for patient event notifications to be sent.

Within this table, the referring physician must have their direct address. The physician may also be linked to their physician number, if applicable. The physician may also designate when to receive a patient event notification.

The following fields pertain directly with Care Team Event Notifications:

- **Direct Address:** Enter the referring physicians direct address. This will be used to send patient event notifications to the physician.
- **TruBridge Provider:** Enter the corresponding physician number to link the referring physician number to. Select the magnifying glass to display a listing of the physician numbers.
- **Patient Event Notification Preference:** Select the physician's preference for receiving patient event notifications for when the patient is admitted or discharged from the facility. Options for this field are **Send Admit/Discharge**, **Send Admit**, **Send Discharge**, **Do Not Send**.

5.3 Clinical Info

This section will contain information that will be used by clinical areas and personnel such as the Advance Directive information, and the patient's allergy and immunization information.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Clinical Info**

Accounts Receivable - Person Profile, Clinical Info

TruBridge System Menu
 TRUBRIDGE HOSPITAL
 Signed On Emp: JPJ Dept: 001

Accounts Receivable - Person Profile
 Base Screen | Create New Visit | Create Temp Visit | Patient Charting | Images | Misc Options | Scheduling

Name: ROTH OLIVER MICHAEL Social Security: 1000002506 ** Patient ** Person Profile#: 00003635
 Demographics | Contact/Billing Info | **Clinical Info** | Date Created: 10/05/2018

Clinical Information

Film #:
 Adv Directive:
 Adv Dir. Type(s):

Reviewed Adv. Directives
 Family Health History
 Privacy/Consent
 External ID
 Social History - Sexual
 Tobacco/Nicotine Use

Allergies

| Prio... | Allergy | Reaction(s) | Severity |
|---------|-------------------------|--------------------------------|----------|
| 3 | No Known Drug Allergies | | |
| 2 | Sesame seed | Anaphylaxis | Severe |
| 1 | Pollen | Hives; Rash; Itching; Swelling | Moderate |

Immunizations:

| Immunization | Date |
|--------------|------|
| n/a | |

Immunizations

Accounts Receivable - Person Profile, Clinical Info

- **Film #:** This will be used by the hospital radiology department.
- **Adv Directive:** Enter **Y** if the patient has an Advance Directive (such as a living will), **N** if the patient does not have an Advance Directive, **U** if Unknown or **A** if Not Applicable.
- **Adv Directive Type(s):** If the Adv Directive field has a **Y**, the type of Advance Directive may be entered in this field. This is a free-text field.
- **Reviewed Adv. Directives:** This option allows the date to pull when the Advance Directive is reviewed. Once the initials are entered the current date and time will pull.
- **Family Health History:** This option launches the Family Health History screen to enter the patient's first degree relative health history.

NOTE: Refer to the Updated ChartLink user guide for more information regarding the Family Health History option usage.

- **Privacy/Consent:** This option launches the Patient Consent/Privacy Settings screen. The fields on this screen will be grayed out and will need to be addressed on the visit. Please see the [Consent/Privacy Settings](#) ¹²² section of this user guide for more information about the fields on this screen.

- **Social History - Sexual:** This option launches the Social History - Sexual screen. This is where the patient's sexual orientation and gender identity will be captured. Please see the [Social History - Sexual](#)¹²⁷ section of this user guide for more information about the fields on this screen.
- **Tobacco/Nicotine Use:** This option launches the Social History - Tobacco/Nicotine Use screen. This is where the patient's smoking status will be captured. Please see the [Tobacco/Nicotine Use Edit](#)¹²⁸ section of this user guide for more information about the fields on this screen.
- **Allergies:** Select this option to obtain a listing of allergies to add to the patient's profile. An allergy may be selected from the list, **No Known Allergies**, **No Known Drug Allergies**, **No Known Env. Allergies** or **No Known Food Allergies** may be selected. **Other** may be selected to enter free-text. Select **Save Changes** before exiting this screen.
- **Immunizations:** Select this option to obtain a listing of immunizations to add to the patient's profile. An immunization may be selected from the list, or select **Create New Immunization** to add one. Enter a date in the Date Received field, and select **Add**. Select **Save Changes** before exiting this screen. For more information on adding immunizations, please refer to the [Patient Immunization History](#) documentation.

NOTE: The Advance Directive, MRSA, VRE, Allergies and Immunizations will copy over into the individual visits.

5.4 Other Options

Base Screen

Select **Base Screen** to return to the Hospital Base Menu.

Create New Visit

Select **Create New Visit** from the Person Profile to add a visit for this person.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit**

The screenshot shows the 'Image Verification' window for patient REED GRACE ELLEN. The patient's details are as follows:

| Field | Value |
|--------------|------------------|
| Name | REED GRACE ELLEN |
| Last Name | REED |
| First Name | GRACE |
| Mid Name | ELLEN |
| Full Name | REED GRACE ELLEN |
| Birth Date | 06/19/1943 |
| MedRec # | 000312 |
| Birth Sex | F Female |
| Country | US |
| Address1 | 9118 PINE STREET |
| Address2 | |
| City | MOBILE |
| State/Zip | AL 36688 |
| Curr Addr Dt | |
| County | MOB |
| Phone | 251-789-4125 |
| Cell Phone | 251-555-1145 |

The photo verification prompt asks: "Is this the correct person?" with YES and NO buttons.

Image Verification

If Photo Verification is being used, the Image Verification screen will display. Photo Verification allows users the opportunity to verify a patient's identity by utilizing a previously scanned Chartlink Photo image. The system will prompt "Is this the correct person?" Select **Yes** if the image is correct and the Visit Information screen will display. Select **No** if the image is not correct and the system will return to the Person Profile.

NOTE: There is table maintenance that must be completed to utilize Photo Verification at registration. First, an image title "Chartlink Photo" must be set up. Then to turn on the option access the **Pt. Main** table select **Registration Control Table** the field "Prompt for photo verification when Create New Visit" must be selected.

Once the patient's identity has been confirmed, the Visit Information screen will display.

NOTE: When creating a new visit, if the patient has an existing visit with the same expect date or admit date the system will prompt "Patient already has account XXXXXXXXXXXX for today's date of service. Continue?" Answer **Yes** to continue and create the new visit. Answer **No** to not create a new visit. If the prompt is answered **No**, the system will go back to the Hospital Base Menu.

Select Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > **Create New Visit**

Visit Information

- **Manually Assign Visit Number?**


- **Yes** will allow an alpha and/or numeric six to 8-character visit number to manually be entered.
- **No** will assign a visit number automatically.

NOTE: The default for this field is based on the Assign Method field on page 2 of AHIS.




- **Stay Type:** Enter the patient's Stay Type. Stay Type 1 = Inpatient, Stay Type 2 = Outpatient and Stay Types 3, 4 and 5 are hospital-defined. To display a listing of Stay Types, select the drop-down menu, and select the correct Stay Type.

- **Sub Type:** Sites utilizing Sub Types should enter the Sub Type code here. To display a listing of

Sub Types select the  **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct Sub Type.

- **Physician:** Enter the attending physician. To display a listing of Physicians select the  **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct Physician.

NOTE: If a physician number that has been inactivated is manually entered in the Physician field, the message "Inactive Physician" will display, and the field will revert back to its original state.

- **Service Code:** Enter the service code that best describes the patient's visit. To display a listing of service codes select the  **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct service code.
- **Guarantor:** This information will default from the Person Profile. If there is a unique guarantor for this one visit, type in the guarantor's Social Security Number, preceded with a zero (0), or select the  **magnifying glass icon** to select a Guarantor from the Profile Listing.
- **Fin Class (Financial Class):** Enter the code for the insurance which is considered primary for this visit.
- **Restrict Payer Disclosure:** If selected the Fin Class field will auto populate **P** for Private Pay. The insurance coverages listed will no longer be active for selection.
- **Patient Portal Authorized Rep (Authorized Representative):** Select the patient's patient portal authorized representative. If there is a patient portal authorized representative for this visit, select the  **magnifying glass icon** to select a profile from the Profile Listing. The Patient Portal Authorized Representative listed here will have access to the account including all clinical information via the Patient Portal.

NOTE: Once the guarantor or patient portal authorized representative is selected from the Profile Listing, the Verify Profile screen will display. This screen gives the user the opportunity to verify the demographic information listed for the contact. The system will prompt "Is this the correct person?" Select **Yes** if the correct person is selected. Select **No** if the wrong person is selected, and the system will return to the Profile Listing.

- **Select insurance coverage for this visit:** Select each insurance that will apply to this visit.

Once **OK** is selected, the Registration and ADT screens will appear. The information will pull directly from the Person Profile. This information will be greyed out. If changes need to be made, make the changes in the Person Profile.

Patient Tab

Select Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > Patient

TruBridge System Menu System Menu

TRUBRIDGE HOSPITAL Signed On Emp: JPJ Dept: 001

Accounts Receivable - Registration and ADT

ER Log MSP Patient Data Note Entry Images Forms ADT Functions Misc Options

Name: ROTH OLIVER MICHAEL Account: E0001208 Room:

Patient Contact Guarantor/Ins Stay Clinical

Stay Type: 3 E.R. County: BLD BALDWIN/987 Race: W WHITE

Sub Type: Phone: Ethnicity: N Not Hispanic or Latino

Service Code: ER EMERGENC Cell Phone: Tribe: +

Last Name: ROTH Email: NA Language: eng en English

First Name: OLIVER Birth Date: 06/28/1985 39 YEARS Interpreter:

Mid Name: MICHAEL Birth Place: Expired Dt:

Full Name: ROTH OLIVER MICHAEL SocSec #: MedRec #: 970719 New Identifier:

Maiden Name: Birth Sex: M Male Employer Information

Confidential: N Marital: M Address1:

Country: US USA AdvDir: Military: Address2:

Address1: 123 ROSE STREET Religion: CA CATHOLIC City:

Address2: State/Zip: AL 36526 Church: LFC LITTLE FLOWER CAT State/Zip:

City: DAPHNE Phone:

Curr Addr Dt:

Accounts Receivable - Registration and ADT, Patient

Contact Tab

Select Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > Contact

System Menu System Menu

TruBridge Community Hospital Signed On Emp: XXX Dept: 058

Accounts Receivable - Registration and ADT

ER Log MSP Patient Data Note Entry Images Forms ADT Functions Misc Options

Name: REED GRACE ELLEN Account: 359064 Room:

Patient Contact Guarantor/Ins Stay Clinical

Spouse Parent Notify in Emergency

Name: REED JOHN Father: HARRIS ZACHARY

Address1: 6600 WALL ST Dad BirthPt: Relation: NEPHEW NEPHEW

Address2: Address1: 5847 SECTION ST

City: MOBILE Mom BirthPt: Address2:

State/Zip: AL 36695 Mom Acct #: City: FAIRHOPE

Birth Place: Authorized Representative State/Zip: AL 36532-0000

Employer: Name: ALLEGRA JANE Hm Phone: 251-639-8100

EmpAddr1: Email: Wk Phone:

EmpAddr2: Relation: Caregiver Cell Phone:

City: Name: Decline to Specify: Contacts

State/Zip:

Accounts Receivable - Registration and ADT, Contact

Guarantor/Ins Tab

Select Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > Guarantor/Ins

The screenshot displays the 'Accounts Receivable - Registration and ADT' interface for TruBridge Community Hospital. The patient profile for REED GRACE ELLEN (Account: 359064) is shown. The 'Guarantor/Ins' tab is active, displaying demographic, work, and insurance information.

Guarantor Demographics

Name: REED GRACE ELLEN
Address1: 9118 PINE STREET
Address2:
City: MOBILE
State/Zip: AL 36695
Phone: 251-789-4125
Cell Phone: 251-555-1145
Email: jill.johnson@evident.com
SocSec#: 111-88-9696
Birth Date: 06/19/1943 MMDDYYYY
Sex: F Indigent: ☐
Cycle Cd: ☐ CollectCd: ☐
Credit: ☐ ContractCd: ☐ BillSwitch: ☐

Guarantor Work Information

Employer: RET RETIRED
Occupation:
Phone:
Address1:
Address2:
City:
State/Zip:

Insurance Information

Fin Class: BB BLUE CROSS BLUE SHI Restrict Payer Disclosure ☐
Primary Code Name Subscriber
Y BB BLUE CROSS OF ALA-Q/P REED GRACE ELLEN

Buttons: Eligibility Add Pay Source PLE

Accounts Receivable - Registration and ADT, Guarantor/Ins

Stay Tab

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > Stay**

The screenshot shows the 'Stay' tab in the 'Accounts Receivable - Registration and ADT' system. The patient is REED GRACE ELLEN, Account 359064, Room ER-17, and Status DISCHARGED. The form is divided into several sections:

- Pre-Admission:** Expect Dt: 05/13/24, Entry Dt: 05/13/24, Initials: XXX, Original Init: XXX.
- Admission:** Date/Time: 05/13/24 12:50, Code: E 17/EMER, Origin: HM HOME, Condition: U UNKNOWN, Initials: XXX.
- Discharge:** Date/Time: 05/13/24 12:51, Code: H 01/HOME, Condition: U UNKNOWN, Initials: XXX.
- Accident/Therapy/Treatment:** Date/Time: 05/13/2024 10:03, Place/Qual: 11 431, Event: FALL, State: [blank], Other Date/Qual: [blank].
- Physicians:** Attending: 100000 BROWNA, Second: [blank], Prim Care: 100000 BROWNA.
- Miscellaneous:** Room Req: [blank], Call Ref: N, Last Acct: 359051, Last Date: 04/17/24, ABN Signed and Reason: [blank] [blank] ("D"denied, "N"ot Medically Necessary, "F"req.).

Buttons at the bottom include 'Consent/Privacy Settings' and 'Care Team Event Notifications'.

Accounts Receivable - Registration and ADT, Stay

For outpatients, complete the Stay tab with the correct admit and discharge information as these do not automatically populate. If this is an inpatient, select ADT Functions and admit the patient to a room.

Clinical Tab

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > Clinical**

TruBridge System Menu
System Menu

TRUBRIDGE HOSPITAL Signed On Emp: JPJ Dept: 001

Accounts Receivable - Registration and ADT

ER Log MSP Patient Data Note Entry Images Forms ADT Functions Misc Options

Name: ROTH OLIVER MICHAEL Account: E0001208 Room:

Patient Contact Guarantor/Ins Stay **Clinical**

Condition: [] Code Status: Assume Full Code

Isolation: [] Restrict: []

Care Level: [] Violent Patient: []

Admit Weight: [] lbs [] oz [] kg [] gm

Diet: []

Miscellaneous-1: [] External ID

Miscellaneous-2: [] Social History - Sexual

Chart Code: [] Tobacco/Nicotine

Report Location: []

Chief Complaint: []

ER Log: []

Comments: []

Allergies:

| Priority | Allergy | Reaction(s) |
|----------|-------------------------|--------------------------------|
| 3 | No Known Drug Allergies | |
| 2 | Sesame seed | Anaphylaxis |
| 1 | Pollen | Hives; Rash; Itching; Swelling |

Immunizations:

| Immunization | Date |
|--------------|------|
| n/a | |

Accounts Receivable - Registration and ADT, Clinical

Refer to the [Registration of a New Visit](#) ⁹⁶ chapter for more information.

Create Temp Visit

Select **Create Temp Visit** to enter a temporary registration. These patient visits will need to be completed making them permanent registrations. A temporary visit may be done from the Hospital Base Menu, from the Profile or from the MPI.

If entering in a temporary visit from the Hospital Base Menu, and the Social Security Number is entered for a patient, the system will prompt that the Social Security Number is already issued to another patient, if AHIS page 7 is answered **Yes** for Check Duplicate Numbers for SSN. Answer **Yes** to attach the temporary visit to that profile. The patient name, sex, birth date, phone number, Social Security number, MR number and guarantor information will pull to the temporary visit. Answer **No** to not attach the temporary visit to that profile. If a profile does not exist, when Temporary Account Registration is Complete, a Profile will be created for the patient. A Profile will also be created for the Guarantor.

NOTE: If turned on in the Pt. Main table, a previously scanned Chartlink Photo will display when **Create Temp Visit** is selected. The Image Verification Screen will display for confirmation of the patient's identity.

Refer to the [Temporary Registrations](#)¹⁵¹ section in the Registration User Guide for more information on creating a temporary registration.

Patient Charting

Please refer to the TruBridge Provider EHR User Guide for information on Patient Charting.

Images

Scanned Images

Select **Scanned Images** to view all scanned images for all visits.

DigSig Documents

Select **DigSig Documents** to view all digital signature documents for all visits.

Misc Options

Miscellaneous Options allow access to other functions on the patient's profile in Web Client.

Additional Demographics

The information entered on the Additional Demographic screens does not copy to any other part of the system. The information entered is informational only.

This option will allow the capture of additional demographic information. If information is entered on this screen from the Person Profile, that information will pull to the Additional Demographic screen on the visit, **Misc Options > Additional Demographics**, when a new visit is created either through the Create New Visit option or the Create Temp Visit option. However, changes made to the Additional Demographics screen from the Person Profile will not copy to existing visits.

The Name Qualifier field may be used to denote the type of alternate name the patient goes by. The options are as follows:

- Academic
- Adopted
- Birth
- Call Me
- Professional

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Misc Options > Additional Demographics**

Person Profile - Additional Demographics, Patient

NOTE: The Additional Demographics screen may also be accessed on the Emergency Contact profile and the visit.

NOTE: The **Immun Publicity** (Immunization Publicity) field has been added to the Patient profile and Emergency Contact profile Additional Demographics screens. This field will be used for

immunization administrations. Select the  **magnifying glass icon** to search the Immunization Publicity Code Table for the appropriate code.

Change SSN

Select **Change SSN** to enter in the patient's Social Security number or to assign a generic 10-digit number.

The **Change SSN** option may also be used to merge profiles. If a patient has multiple profiles displaying in the Profile Listing, the profiles may be merged once the name, date of birth, medical record number and guarantor are the same on both profiles. Select the profile from the Profile Listing that requires merging. Select **Change SSN** to enter the Social Security of the profile that the profile will be merged into.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Misc Options > Change SSN**

Warning - Errors

- ☒ Error Select
- ☒ Can not merge patient profiles at this time for the following reasons:
- ☒ Patient Name does not match
- ☒ Date of birth does not match
- ☒ Medical record number does not match
- ☒ Guarantor does not match

Demographics

Name: REED GRACE ELLEN New SSN: 111223333 New ** Old SSN: 0111889696 ** ** NOTES ** Person Profile#: 00000647

Base Screen Create New Visit Create Temp Visit Patient Charting Images Misc Options Scheduling

Demographics Contact/Billing Info Clinical Info

Last Name: REED First Name: GRACE Mid Name: ELLEN Full Name: REED GRACE ELLEN Birth Date: 06/19/1943 MedRec #: 000312 Birth Sex: F Female Admin Gender: Country: US USA Address1: 9118 PINE STREET Address2: City: MOBILE State/Zip: AL 36695 Curr Addr Dt: County: MOB MOBILE Phone: 251-789-4125 Voice: Cell Phone: 251-555-1145 Text Msg: Opt In Show History Link Appointments Information Submissions

Visit# From Date Thru Date Service Balance Bad Debt

| | | | | | |
|--------|------------|------------|----------|-----|-----|
| 801226 | 03/26/2021 | | CLINIC | .00 | .00 |
| 359064 | 05/13/2024 | 05/13/2024 | EMERGENC | .00 | .00 |
| 359051 | 04/17/2024 | 04/17/2024 | EMERGENC | .00 | .00 |
| 358445 | | | EMERGENC | .00 | .00 |
| 358253 | 06/10/2022 | 06/10/2022 | OBSERVAT | .00 | .00 |

Pat Bal: -8889.35

Warnings - Errors

If the name, date of birth, medical record number and guarantor are not the same on each profile the system will prompt "Warning Errors". The Warning Errors pop-up box will display what does not match. Once the corrections have been made follow the steps listed above again to merge the profiles.

Create Family Member

If a family member of the patient has already been seen at the facility, access that person's profile and select **Create Family Member**. This will copy the basic demographics, guarantor and insurance information from the current profile that was accessed into the new profile once the Social Security number has been assigned.

Delete Profile

This will allow the deletion of a profile once the deletion procedures are performed.

Edits

This will allow facilities to have tailored specifications in the registration process. Each facility may have profile edits unique to the patient demographic information entered. Edits provide a list of fields in which incorrect or no data has been entered and are an efficient way to make the necessary corrections. Utilizing the edits will ensure the correctness of the information collected from the patient and may also be used as an educational tool. Reference [Registration Edits](#)¹⁸⁰ for more information.

Mass Change

This will allow information to be changed on the profile and every visit associated with that profile. It also updates this information on any profiles associated with this profile as the Guarantor.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Misc Options > Mass Changes**

The screenshot shows the 'Mass Changes' window for patient REED GRACE ELLEN. The window is titled 'TruBridge Community Hospital' and 'Signed On Emp: XXX Dept: 058'. The 'Mass Change?' column has checkboxes for each field. The 'Mass Change By' section has radio buttons for 'All Accounts', 'Account #', and 'Admit Date'. The 'Admit Date' section has 'From' and 'Thru' date fields. The 'Mass Change?' column has checkboxes for each field. The 'Mass Change By' section has radio buttons for 'All Accounts', 'Account #', and 'Admit Date'. The 'Admit Date' section has 'From' and 'Thru' date fields.

Mass Changes

Once the Mass Changes screen displays changes may be made to the profile and all the accounts attached to the profile, to the profile and a single account or to the profile and accounts in a specified admit date range. The default selection is **All Accounts**. Select the box next to each field that requires a mass change. If all fields require a mass change select the box next to the field **Select All** and all fields will be selected.

NOTE: When utilizing the All Accounts option, history accounts attached to the profile will be updated with any fields selected to be mass changed.

NOTE: The Guarantor may only be mass changed if the Account # option is selected. The Guarantor field will be inaccessible otherwise. If needing to make mass changes the Mother, Father, Spouse, Notify, Patient Portal Authorized Rep or Caregiver, please refer to the [Contacts](#) section of this user guide.

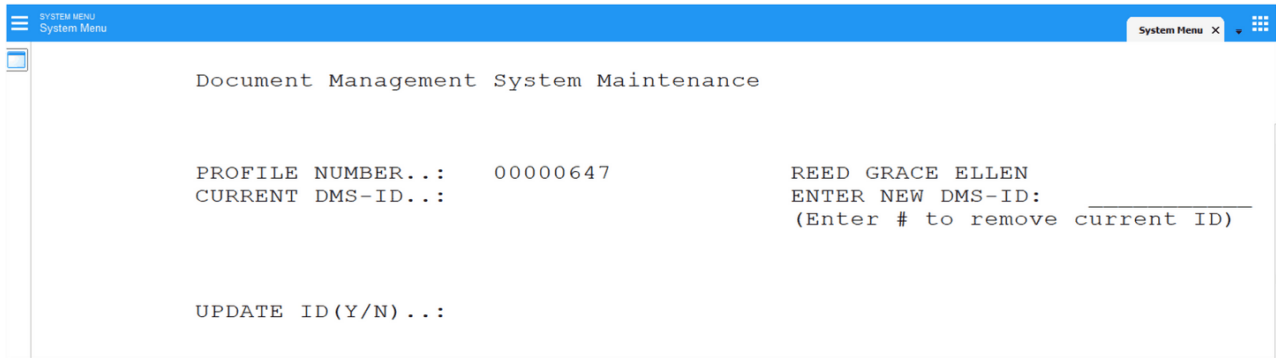
Profile Notes

This will allow a note to be entered on this profile. The notes only stay on the profile. On the Accounts Receivable - Person Profile screen, ****NOTES**** will display in red notifying that there are notes on the profile.

DMS Identifier

This option will allow the DMS number for the profile to be viewed, changed/updated, or deleted. This is useful if profiles are merged and the DMS number needs to be updated or changed. If profiles are merged and both profiles have different DMS numbers, the system will keep the DMS number of the profile it was merged into. If the profile that is being merged has a DMS number, and the profile that is being kept/merged into does not, it will move over the DMS number to the profile that is being kept/merged into.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Misc Options > DMS Identifier**



The screenshot shows a web application window titled "Document Management System Maintenance". The interface is a text-based form with the following fields and labels:

- PROFILE NUMBER..:** 00000647
- CURRENT DMS-ID..:** REED GRACE ELLEN
- ENTER NEW DMS-ID:** _____
- (Enter # to remove current ID)**
- UPDATE ID (Y/N) ..:**

DMS Identifier

Once the DMS Identifier screen displays, enter the DMS number needing to be assigned to the profile and input **Y** in the Update field to change it. To delete/remove a DMS number from a profile, place a # sign in the field and input **Y** in the Update field.

NOTE: This option will only appear for facilities utilizing the Document Management System application.

Scheduling

Please refer to the [Patient Scheduling](#) User Guide for information on Scheduling.

Chapter 6 Registration of a New Visit

6.1 Overview

It is imperative that the registration personnel gather as much information as possible from the patient during the registration process. A patient's insurance information is crucial to the insurance billing process. If pertinent insurance information (such as contract number, group name and number) is not received at the time of registration, the insurance process will be delayed. This will in turn affect the facility's cash flow since the time of reimbursement will be affected.

The patient information gathered at the time of registration pulls not only to the insurance claims, it also pulls to receipting and Medical Records. The patient registration menu offers features that will benefit the registration personnel during the registration process. Many fields in registration have lookup windows to display all available options for the field. The fields with lookup windows are flagged with magnifying glasses to the right side. This option may be selected or a question mark (?) may be entered in the field to display the lookup window. If the code is known, use of the lookup window is not required.

NOTE: No special characters should be used in the registration process except for the e-mail fields.

This section will cover the steps for registering a patient into the system.

Select Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > **Create New Visit**

The screenshot displays the 'Accounts Receivable - Person Profile' window for 'TruBridge Community Hospital'. The patient's name is 'REED GRACE ELLEN' and the patient number is '00000647'. The birth date is '06/19/1943' and the birth sex is 'F' (Female). The address is '9118 PINE STREET, MOBILE, AL 36688'. The phone number is '251-789-4125'. The patient's photo is shown in the center, with a question 'Is this the correct person?' and 'YES'/'NO' buttons below it. The right side of the screen shows additional patient information, including 'Scheduling', 'Profile#', 'Created', 'Language', 'Smoking Status', and 'Pat Bal'.

Image Verification Screen

If Photo Verification is being used, the Image Verification screen will display. Photo Verification allow users the opportunity to verify a patient's identity by utilizing a previously scanned Chartlink Photo image. The system will prompt "Is this the correct person?" Select **Yes** if the image is correct, and the Visit Information screen will display. Select **No** if the image is not correct, and the system will return to the Person Profile.

NOTE: There is table maintenance that must be completed to utilize Photo Verification at registration. First, an image title "Chartlink Photo" must be set up. To turn on the option access, in the **Pt. Main** table, select **Registration Control Table**, and the field "Prompt for photo verification when Create New Visit" must be selected. For more information on how to capture a photo at time of registration, please refer to the Electronic File Management documentation.

Once the patient's identity has been confirmed, the Visit Information screen will display.

NOTE: When creating a new visit, if the patient has an existing visit with the same expect date or admit date the system will prompt "Patient already has account XXXXXXXXXX for today's date of service. Continue?" Answer **Yes** to continue and create the new visit. Answer **No** to not create a new visit. If the prompt is answered **No**, the system will go back to the Hospital Base Menu.





Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit**

Visit Information

- **Manually Assign Visit Number?**

- **Yes** will allow an alpha and/or numeric six to 8-character visit number to manually be entered.
- **No** will assign a visit number automatically.

NOTE: The default for this field is based on the Assign Method field on page 2 of AHIS.

- **Stay Type:** Enter the patient's Stay Type. Stay Type **1** = Inpatient, Stay Type **2** = Outpatient and Stay Types **3, 4** and **5** are hospital-defined. To display a listing of Stay Types, select the drop-down menu, and select the correct Stay Type.
- **Sub Type:** Sites utilizing Sub Types should enter the Sub Type code here. To display a listing of Sub Types select the  **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct Sub Type.
- **Physician:** Enter the attending physician. To display a listing of Physicians select the  **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct Physician.
- **Service Code:** Enter the service code that best describes the patient's visit. To display a listing of service codes select the  **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct service code.
- **Guarantor:** This information will default from the Person Profile. If there is a unique guarantor for this one visit, type in the guarantor's Social Security Number, preceded with a zero (0), or select the  **magnifying glass icon** to select a Guarantor from the Profile Listing.
- **Fin Class (Financial Class):** Enter the code for the insurance which is considered primary for this visit.
- **Authorized Rep (Authorized Representative):** Select the patient's authorized representative. If there is an authorized representative for this visit, select the **magnifying glass icon** to select a profile from the Profile Listing. The Authorized Representative listed here will have access to the account including all clinical information via the Patient Portal.

NOTE: Once the guarantor or authorized representative is selected from the Profile Listing, the Verify Profile screen will display. This screen gives the user the opportunity to verify the demographic information listed for the contact. The system will prompt "Is this the correct person?" Select **Yes** if the correct person is selected. Select **No** if the wrong person is selected, and the system will return to the Profile Listing.

- **Select insurance coverage for this visit:** Select each insurance that will apply to this visit.

NOTE: For insurances selected from the Person Profile the insurance company's Name, Address-1, Address-2, City, State and Zip Code will copy from the Person Profile instead of the Insurance Company Table.

- **Care Team Member:** Displays physicians that have been added to the patient's Care Team Event Notifications screen.

- **Patient Event Notifications:** Determines if notifications will be sent to the listed physicians in the Care Team Member section. This field will default to **Send Notification**, but if the patient chooses to not send notifications for this visit, select the drop-down and select **Do Not Send Notification**. This will then populate the current date below this field.

NOTE: For more information regarding Care Team Members and sending notifications, please refer to the [Care Team Event Notifications](#)⁷⁹ section of this user guide.

- **Restrict Payer Disclosure:** If selected, the Fin Class field will auto populate **P** for Private Pay. The insurance coverages listed will no longer be active for selection.

Once **OK** is selected, the Registration and ADT screens will appear. The information will pull directly from the Person Profile.

6.2 Patient

This section will cover the Patient tab on the Accounts Receivable - Registration and ADT screen.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit**

The screenshot shows the 'Patient' tab of the 'Accounts Receivable - Registration and ADT' screen. The patient's name is ROTH OLIVER MICHAEL, with account number E0001208 and room number. The form is divided into several sections: Stay Type (3 E.R.), Service Code (ER), Last Name (ROTH), First Name (OLIVER), Mid Name (MICHAEL), Full Name (ROTH OLIVER MICHAEL), Maiden Name, Confidential (N), Country (US), Address1 (123 ROSE STREET), Address2, City (DAPHNE), State/Zip (AL 36526), Curr Addr Dt, County (BLD), Phone, Cell Phone, Email (NA), Birth Date (06/28/1985, 39 YEARS), Birth Place, SocSec #, MedRec # (970719, New), Birth Sex (M, Male), Marital (M), AdvDir, Military, Religion (CA, CATHOLIC), Church (LFC, LITTLE FLOWER CAT), Race (W, WHITE), Ethnicity (N, Not Hispanic or Latino), Tribe, Language (eng, en English), Interpreter, Expired Dt, Identifier, and Employer Information (Employer, Address1, Address2, City, State/Zip, Phone).

Accounts Receivable - Registration and ADT, Patient

Demographic Information

- **Stay Type:** Pulls from the Visit Information and may be changed for this visit. Stay Type **1** = Inpatient, Stay Type **2** = Outpatient, and Stay Types **3, 4** and **5** are hospital-defined. To display a listing of Stay Types, select the drop-down box, then select the correct Stay Type.

- **Sub Type:** Pulls from the Visit Information and may be changed for this visit. To display a listing of Sub Types, select the **magnifying glass icon** or enter a question mark (?) to see the available options. Select the correct Sub Type. The Sub Type corresponds with the Stay Type listed in the previous field.
- **Service Code:** Pulls from the Visit Information and may be changed for this visit. Enter the service code that best describes the patient's visit. To display a listing of service codes select the **magnifying glass icon** or enter a question mark (?) to see the available options. Select the correct service code.
- **Last Name:** Pulls from the Person Profile and may be changed for this visit.
- **First Name:** Pulls from the Person Profile and may be changed for this visit.
- **Mid Name:** Pulls from the Person Profile and may be changed for this visit.
- **Full Name:** Pulls from the Person Profile and may be changed for this visit.
- **Maiden Name:** Pulls from the Person Profile. Any changes will automatically mass change the profile and all attached visits.
- **Confidential:** Pulls from the Person Profile and may be changed for this visit. Making a patient confidential will allow that patient to be omitted from several Census reports.
- **Country:** Pulls from the Person Profile and may be changed for this visit. A lookup window is available. Select the **magnifying glass icon** or enter a question mark (?) to see the available options. Select the correct country.
- **Address1:** Pulls from the Person Profile and may be changed for this visit.
- **Address2:** Pulls from the Person Profile and may be changed for this visit.
- **City:** Pulls from the Person Profile and may be changed for this visit. A lookup window is available. Select the **magnifying glass icon** or enter a question mark (?) to see the available options. Select the correct city.
- **State/Zip:** Pulls from the Person Profile and may be changed for this visit. Enter the five or 9-digit zip code. Do not separate numbers with dashes.
- **Curr Addr Dt:** Enter the date the patient moved to the address listed in the Address fields. This may be entered in MMDDYY, MMDDYYYY, MMY or MMYYYY format.
- **County:** Pulls from the Person Profile and may be changed for this visit. A lookup window is available. Select the **magnifying glass icon** or enter a question mark (?) to see the available options. Select the correct county.
- **Phone:** Pulls from the Person Profile and may be changed for this visit.
- **Cell Phone:** Pulls from the Person Profile and may be changed for this visit.
- **Email:** Pulls from the Person Profile and may be changed for this visit.

NOTE: Entering an email address will give the patient access to the Patient Portal. An email will be sent to the patient with instructions on how to access the account including all clinical information via the Patient Portal. Additionally, the entering of an email address for the patient or the authorized representative will also facilitate the automatic creation of a Release of Information request entry for Patient Possesses Information to Access Portal when a patient is discharged from a room. Only one entry will be created if both the patient and authorized representative have an email address listed. If the account already has a Patient Possesses Information to Access Portal ROI entry, a new one will not be created; for example if a reverse discharge has been done on the account.

- **Birth Date:** Pulls from the Person Profile. Any changes will automatically mass change the profile and all attached visits.
- **Birth Place:** Pulls from the Person Profile. Any changes will automatically mass change the profile and all attached visits.
- **SocSec #:** Pulls from the Person Profile. Any changes will need to be made in the Person Profile. If this field is blank, the Person Profile has a system generated Social Security number.
- **MedRec #:** Pulls from the Person Profile and may be changed for this visit only. For Medical Record numbers that are assigned automatically by the system, select the **NEW** button or enter a question mark (?). A message will appear that states "About to assign a new Med Rec Number. Do you wish to continue?" If **Yes** is selected, the system will assign the next available medical record number loaded in the Automatic MR # field on page 5 of AHIS. If **No** is selected, the cursor will remain in the medical record number field.

NOTE: If AHIS page 7, Check Duplicate Numbers field is set to **Y**, the system will check for visits with a duplicate Medical Record #.

- **Birth Sex:** Pulls from the Person Profile. Any changes will automatically mass change the profile and all attached visits.
- **Marital:** Pulls from the Person Profile and may be changed for this visit. A lookup window is available. Select the **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct marital status.
- **AdvDir:** Pulls from the Person Profile and may be changed for this visit. Enter **Y** if the patient has an Advance Directive (such as a living will), **N** if the patient does not have an Advance Directive, **U** if Unknown or **A** if Not Applicable.
- **Military:** Pulls from the Person Profile and may be changed for this visit. Enter a **Y** if the patient is receiving military benefits such as Tricare. Enter an **N** if the patient is not receiving military benefits.
- **Religion:** Pulls from the Person Profile and may be changed for this visit. A lookup window is available. Select the **magnifying glass icon** or enter a question mark (?) to see the available options. Select the correct religion.
- **Church:** Pulls from the Person Profile and may be changed for this visit. A lookup window is available. Select the **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct church.

- **Race:** Pulls from the Person Profile. Any changes will automatically mass change the profile and all attached visits. Select the **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct race. If additional races need to be captured, please refer to the [Race/Ethnicity Edit](#)⁶⁵ section of this user guide.
- **Ethnicity:** Pulls from the Person Profile. Any changes will automatically mass change the profile and all attached visits. A lookup window is available. Select the **magnifying glass icon** or enter a question mark (?) to see the available options. Select the correct ethnicity. If additional ethnicities need to be captured, please refer to the [Race/Ethnicity Edit](#)⁶⁵ section of this user guide.



NOTE: The Race and Ethnicity codes must be associated with a Meaningful Use value code in the respective business office table.

- **Tribe:** If the patient is affiliated with a tribe, select the **plus sign** to search for and select the appropriate tribe.
- **Language:** Pulls from the Person Profile and may be changed for this visit. A lookup window is available. Select the **magnifying glass icon** or enter a question mark (?) to see the available options. Select the correct language.
- **Interpreter:** Enter a **Y** if the patient needs an interpreter during their visit. Enter an **N** or leave the field blank if the patient does not need an interpreter.
- **Expired Dt:** Pulls from the Person Profile. Any changes will automatically mass change the profile and all attached visits.

NOTE: If a patient is discharged with a discharge code of 20, 40, 41 or 42, the discharge date will automatically populate in this field. If the discharge code is changed to a code not containing one of these numbers, a prompt will appear to remove the expiration date.

- **Identifier:** This field is used for state abstracting. The state abstracting reports will read from this field if there is not a valid Social Security Number. This field will copy forward on subsequent visits until a valid Social Security Number is entered on the Person Profile.

Employer Information

- **Employer:** Pulls from the Person Profile and may be changed for this visit. A lookup window is available. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct employer.
- **Address1:** Pulls from the Person Profile and may be changed for this visit. Enter the street address or Post Office Box number of the employer's location. When the lookup is used, this will pull from the Employer Table.
- **Address2:** Pulls from the Person Profile and may be changed for this visit. Enter the suite name and/or number.
- **City:** Pulls from the Person Profile and may be changed for this visit. A lookup window is available. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct city.

- **State/Zip:** Pulls from the Person Profile and may be changed for this visit. Enter the state and the five or 9-digit zip code.
- **Phone:** Pulls from the Person Profile and may be changed for this visit. Enter the area code and phone number. Do not separate numbers with dashes.

Select the arrow icon at the bottom of the screen to advance to the next page.



6.3 Contact

This section will cover the Contact tab on the Accounts Receivable - Registration and ADT screen.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > Contact**

Accounts Receivable - Registration and ADT, Contact



Spouse

- **Name:** Pulls from the Person Profile. Select the  **white x icon** to delete the spouse from this visit. To make changes to the spouse's name, select the  **magnifying glass icon** to access the Profile Listing. Select the correct spouse from the list.

NOTE: Once the spouse is selected from the Profile Listing, the Verify Profile screen will display. This screen gives the user the opportunity to verify the demographic information listed for the spouse. The system will prompt "Is this the correct person?" Select **Yes** if the correct person is selected. Select **No** if the wrong person is selected, and the system will return to the Profile Listing.



- **Address1:** Pulls from the Person Profile. This information may be overkeyed and will copy back to the spouse's Person Profile.
- **Address2:** Pulls from the Person Profile. This information may be overkeyed and will copy back to the spouse's Person Profile.
- **City:** Pulls from the Person Profile. This information may be overkeyed and will copy back to the spouse's Person Profile.
- **State/Zip:** Pulls from the Person Profile. This information may be overkeyed and will copy back to the spouse's Person Profile.
- **Birth Place:** Pulls from the Person Profile. This information may be overkeyed and will copy back to the spouse's Person Profile.
- **Employer:** Pulls from the Person Profile. This information may be overkeyed and will copy back to the spouse's Person Profile.
- **EmpAddr1:** Pulls from the Person Profile. This information may be overkeyed and will copy back to the spouse's Person Profile.
- **EmpAddr2:** Pulls from the Person Profile. This information may be overkeyed and will copy back to the spouse's Person Profile.
- **City:** Pulls from the Person Profile. This information may be overkeyed and will copy back to the spouse's Person Profile.
- **State/Zip:** Pulls from the Person Profile. This information may be overkeyed and will copy back to the spouse's Person Profile.

Parent

- **Father:** Pulls from the Person Profile. Select the  **white x icon** to delete the father from this visit. To make changes to the father's name, select the  **magnifying glass icon** to access the Profile Listing. Select the correct father from the list.

NOTE: Once the father is selected from the Profile Listing, the Verify Profile screen will display. This screen gives the user the opportunity to verify the demographic information listed for the father. The system will prompt "Is this the correct person?" Select **Yes** if the correct person is selected. Select **No** if the wrong person is selected, and the system will return to the Profile Listing.



- **Dad BirthPI:** Pulls from the Person Profile. This information may be overkeyed and will copy back to the father's Person Profile.

- **Mother:** Pulls from the Person Profile. Select the  **white x icon** to delete the mother from this visit. To make changes to the mother's name, select the  **magnifying glass icon** to access the Profile Listing. Select the correct mother from the list.

NOTE: Once the mother is selected from the Profile Listing, the Verify Profile screen will display. This screen gives the user the opportunity to verify the demographic information listed for the mother. The system will prompt "Is this the correct person?" Select **Yes** if the correct person is selected. Select **No** if the wrong person is selected, and the system will return to the Profile Listing.

- **Mother BirthPI:** Pulls from the Person Profile. This information may be overkeyed and will copy back to the mother's Person Profile.
- **Mom Acct #:** If the patient is a newborn, enter the mother's visit number.



Authorized Representative

- **Name:** Pulls from the visit information screen and may be changed. Select the  **white x icon** to delete the authorized representative from the visit. To add an authorized representative to the visit, select the  **magnifying glass icon** to access the Profile Listing. Select the correct authorized representative from the list.

NOTE: Once the authorized representative is selected from the Profile Listing, the Verify Profile screen will display. This screen gives the user the opportunity to verify the demographic information listed for the authorized representative. The system will prompt "Is this the correct person?" Select **Yes** if the correct person is selected. Select **No** if the wrong person is selected, and the system will return to the Profile Listing.

- **Email:** Pulls from the authorized representative's profile. This information may be overkeyed.
- **Relation:** Select the patient's relationship to the authorized representative. Select the **magnifying glass icon** to see the listing.



Caregiver

- **Name:** To add a caregiver to the visit, select the  **magnifying glass icon** to access the Profile Listing. Select the correct caregiver from the list. Select the  **red x icon** to delete the caregiver from the visit.


NOTE: Once the caregiver is selected from the Profile Listing, the Verify Profile screen will display. This screen gives the user the opportunity to verify the demographic information listed for the caregiver. The system will prompt "Is this the correct person?" Select **Yes** if the correct person is selected. Select **No** if the wrong person is selected, and the system will return to the Profile Listing.

- **Email:** Pulls from the caregiver's profile. This information may be over-keyed. If the email address is changed in this field, it will copy back to the caregiver's profile.
- **Decline to Specify:** Populate the field with a **Y** if the patient declined to specify if they have a caregiver. Populate an **N** if the patient does have a caregiver.

Notify in Emergency


- **Name:** Pulls from the Person Profile. Select the  **white x icon** to delete the emergency contact from this visit. To make changes to the emergency contact's name, select the  **magnifying glass icon** to access the Profile Listing. Select the correct emergency contact from the list.

NOTE: Once the emergency contact is selected from the Profile Listing, the Verify Profile screen will display. This screen gives the user the opportunity to verify the demographic information listed for the emergency contact. The system will prompt "Is this the correct person?" Select **Yes** if the correct person is selected. Select **No** if the wrong person is selected, and the system will return to the Profile Listing.

- **Relation:** Pulls from the Person Profile and may be changed for this visit. A lookup window is available. Select the  **magnifying glass icon** or enter a question mark (?) to see the available options. Select the patient's relationship to the notify in case of emergency contact.
- **Address1:** Pulls from the Person Profile. This information may be overkeyed and will copy back to the emergency contact's Person Profile.
- **Address2:** Pulls from the Person Profile. This information may be overkeyed and will copy back to the contact's Person Profile.
- **City:** Pulls from the Person Profile. This information may be overkeyed and will copy back to the contact's Person Profile.
- **State/Zip:** Pulls from the Person Profile. This information may be overkeyed and will copy back to the contact's Person Profile.
- **Hm Phone:** Pulls from the Person Profile. This information may be overkeyed and will copy back to the contact's Person Profile.
- **Wk Phone:** Pulls from the Person Profile. This information may be overkeyed and will copy back to the contact's Person Profile.
- **Cell Phone:** Pulls from the Person Profile. This information may be overkeyed and will copy back to the contact's Person Profile.

Select the arrow icon at the bottom of the screen to advance to the next page.

Contacts

- **Contacts:** Select this option to enter additional contacts to be added for the patient. Please refer to the [Contacts](#)  section of this user guide for more information on how to utilize this option.

6.4 Guarantor/Ins



This section will cover the Guarantor/Ins tab on the Accounts Receivable - Registration and ADT screen.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > Guarantor/Ins**

The screenshot shows the 'Guarantor/Ins' tab in the 'Accounts Receivable - Registration and ADT' system. The patient name is REED GRACE ELLEN, account number is 359064, and room is empty. The 'Guarantor Demographics' section includes fields for Name (REED GRACE ELLEN), Address1 (9118 PINE STREET), Address2, City (MOBILE), State/Zip (AL 36695), Phone (251-789-4125), Cell Phone (251-555-1145), Email (jill.johnson@evident.com), SocSec# (111-88-9696), Birth Date (06/19/1943), Sex (F), Indigent, Cycle Cd, Collect Cd, Credit, and Contract Cd. The 'Guarantor Work Information' section includes Employer (RET RETIRED), Address1, Address2, City, and State/Zip. The 'Insurance Information' section shows Fin Class (BB) and Insurance (BLUE CROSS BLUE SHI). A table lists insurance details with columns for Primary, Code, Name, and Subscriber, showing a record for BLUE CROSS OF ALA-Q/P with subscriber REED GRACE ELLEN. Buttons for Eligibility, Add, Pay Source, and PLE are at the bottom.


Accounts Receivable - Registration and ADT, Guarantor/Ins

Guarantor Demographics

- **Name:** Pulls from the Person Profile. Select the  **white x icon** to delete the guarantor from this visit. To make changes to the Guarantor Demographics information, select the  **magnifying glass icon** to access the Profile Listing. Select the correct guarantor from the list.

NOTE: Once the guarantor is selected from the Profile Listing, the Verify Profile screen will display. This screen gives the user the opportunity to verify the demographic information listed for the guarantor. The system will prompt "Is this the correct person?" Select **Yes** if the correct person is selected. Select **No** if the wrong person is selected, and the system will return to the Profile Listing.

- **Address1:** Pulls from the Person Profile. Any changes will need to be made in the Person Profile.
- **Address2:** Pulls from the Person Profile. Any changes will need to be made in the Person Profile.
- **City:** Pulls from the Person Profile. Any changes will need to be made in the Person Profile.
- **State/Zip:** Pulls from the Person Profile. Any changes will need to be made in the Person Profile.

- **Phone:** Pulls from the Person Profile. Any changes will need to be made in the Person Profile.
- **Cell Phone:** Pulls from the Person Profile. Any changes will need to be made in the Person Profile.
- **Email:** Pulls from the Person Profile. Any changes will need to be made in the Person Profile.
- **SocSec#:** Pulls from the Person Profile. Any changes will need to be made in the Person Profile.
- **Birth Date:** Pulls from the Person Profile. Any changes will need to be made in the Person Profile.
- **Sex:** Pulls from the Person Profile. Any changes will need to be made in the Person Profile.
- **Indigent:** Enter a **Y** if this is a Medicare patient and has been deemed indigent. Leave this field blank if this patient is not indigent. For financial classes other than Medicare, this field may remain blank. This information will pull to the Medicare Bad Debt report.
- **Cycle Code:** If the patient is a recurring or long term patient, enter a **5** for long term detailed statements. Enter a **6** for recurring and long term patients without discharge dates who should have cycle statements printed. Do not use at this time if the site will not print statements for recurring and/or long term patients.
- **CollectCd:** Do not use at this time. The system automatically assigns this code during the statement process.
- **Credit:** Do not use at this time.
- **ContractCd:** Enter the contract billing code that represents the company that has a contract with the hospital. A lookup window is available. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct contract code.
- **BillSwitch:** If necessary, enter one of the following bill switches to prevent a statement from printing for this patient:
 - **I** - Insurance Only
 - **X** - Medicaid Patient
 - **A** - Address Incorrect (remove this as soon as address is corrected)
 - **D** - Need Detailed Statement (manually requested)
 - **G** - Guarantor Discrepancy (System generated. This Bill Switch will stop manual collection letters from being printed)
 - **J** - Patients applying or approved for the CICP (Colorado Indigent Care Program)

Guarantor Work Information

- **Employer:** Pulls from the Person Profile. Any changes will need to be made in the Person Profile.
- **Occupation:** Pulls from the Person Profile. Any changes will need to be made in the Person Profile.
- **Address1:** Pulls from the Person Profile. Any changes will need to be made in the Person Profile.

- **Address2:** Pulls from the Person Profile. Any changes will need to be made in the Person Profile.
- **City:** Pulls from the Person Profile. Any changes will need to be made in the Person Profile.
- **State/Zip:** Pulls from the Person Profile. Any changes will need to be made in the Person Profile.
- **Phone:** Pulls from the Person Profile. Any changes will need to be made in the Person Profile.

Insurance Information

- **Fin.Class:** Pulls from the Visit Information and may be changed for this visit.
- **Restrict Payer Disclosure:** The Restrict Payer Disclosure field will pull already selected, if it was selected from the Visit information screen; however, the field may be deselected. If the Restrict Payer Disclosure field is selected from the visit, the Fin Class field will auto populate P for Private Pay. The Eligibility and Add options will be disabled.


If insurance coverages are listed for the visit the Restrict Payer Disclosure field may not be selected. The system will prompt "Warning! An Insurance Claim already exists on account". All insurance coverages must be deleted from the account prior to selecting the Restrict Payer Disclosure field.

NOTE: *Selecting the Restrict Payer Disclosure field will also cause the warning "Restrict Payer Disclosure" to display in red on the Medical Records System screen and the EMR Print by Account Number screen. To access the Medical Records System screen, select a patient account > Medical Records. To access the EMR Print by Account Number screen, select a patient account > Medical Records > Print Electronic Record > Account Number.*

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > Guarantor/Ins > Add**

| Code | Insurance Name | Primary |
|------|-----------------------|---------|
| BB | BLUE CROSS OF ALA-O/P | Y |
| B | BCBS OF ALA - I/P | Y |

New Insurance

- **Insurance Select:** Enter in the financial class code or select the  **magnifying glass icon** to see the listing.
- **Select insurance coverage for this visit:** Select the desired financial class from the Person Profile.

NOTE: For financial classes selected from the Person Profile, the insurance company's Name, Address-1, Address-2, City, State and Zip Code will copy from the Person Profile instead of the Insurance Company Table.

Select **OK** to view the Accounts Receivable Claim Maintenance screen. Select **Cancel** to return to the Guarantor/Ins tab.

Select Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > Guarantor/Ins > Add > Select financial class code

System Menu
System Menu

TruBridge Community Hospital
Signed On Emp: XXX Dept: 058

Accounts Receivable Claim Maintenance

Verify Insurance Eligibility Inquiry PLE Services Review Change Log Add to Profile

359064 REED GRACE ELLEN BB BLUE CROSS OF ALA-O/P 359064XX001BB

Policy Information Detail Benefits

Insurance Company

Name: BLUE CROSS OF ALA-O/P

Address-1: 450 RIVERCHASE PKWY EAST

Address-2:

City: BIRMINGHAM

State/Zip: AL 35298

Phone/ Contact: 800-292-8864

Subscriber

Name: REED GRACE ELLEN

Address-1: 6600 WALL ST

Address-2:

City: MOBILE

State/Zip: AL 36695

Employer: EVI EVIDENT

Address: 6600 WALL STRE

Policy Information

Contract #: PPA123456456 Primary: Y

Group Name: Relation: 18 Sex: F

Group Num: 12345 Birth: 06/19/1943

Claim Approval

Sent: 05/13/24 Received: 05/13/24

Precert/Type:

Phone: Medicare #:

Contract Management

Plan: WD BLUE CROSS PLAN A

Network:

Miscellaneous

Misc #3: GBHC: Medigap #:

Clinic Cd: Payer ID: 00562 EOB Indicator:

EID: ESC: 1 Release of Info: Y Direct Pay: N

Ben Desc:

Accounts Receivable Claim Maintenance, Policy Information

Insurance Company


- **Name:** The name of the insurance company that was entered on the Contact/Billing Info tab will pull.
- **Address-1:** Enter the street address or Post Office Box number of the insurance company.
- **Address-2:** Enter additional address information if necessary.
- **City:** Enter the city.
- **State/Zip:** Enter the 2-character state code and zip code.
- **Phone/Contact:** Enter the area code and phone number of insurance company and the name of the person who should be contacted to verify insurance information.

NOTE: When the insurance company's Name, Address-1, Address-2, City, State and Zip Code are loaded in the Insurance Company table, the information will automatically pull to the above fields.


Subscriber

- **Name:** The name of the guarantor entered will pull to the subscriber section for all insurance types except for Medicare and Medicaid, which will pull the patient name.

NOTE: The Copy Guarantor Info to Ins. Subscriber field on page 8 of AHIS will allow the guarantor information to pull to the subscriber fields. If this field is set to **P**, the patient information will pull to the subscriber fields. An **N** will allow these fields to remain blank.

- **Address-1:** Pulls the guarantor's street address or Post Office Box number.
- **Address-2:** Pulls the guarantor's apartment name and/or number.
- **City:** Pulls the guarantor's city.
- **State/Zip:** Pulls the guarantor's state and the zip code.
- **Employer:** Pulls the guarantor's employer. Select the  **magnifying glass icon** or enter a question mark (?) to access the employer lookup. If the employer is not listed, enter the employer. The system will place 999 in front of any employers that were typed in.
- **Address:** Pulls the guarantor's employer's street address.

Policy Information

- **Contract #:** Enter the contract number of the insurance.
- **Group Name:** Enter the group name.
- **Group Num:** Enter the group number.
- **Primary:** This field should be answered **Y** for the primary insurance and **2** or **3** for all other insurances.
 - Setting the secondary and tertiary insurances primary switch to a 2 or 3 helps insurance billers identify which secondary insurance to bill after the primary insurance company has paid.
- **Relation:** This code indicates the patient's relationship to the subscriber. This code pulls to locator 59 on the UB04 and locator 6 on the 1500. Select the  **magnifying glass icon** or enter a question mark (?) to access the Relation code lookup.
- **Sex:** Enter the sex of the subscriber.
- **Birth:** Pulls the guarantor's date of birth in MMDDYYYY format.

Claim Approval

- **Sent:** This field is updated with the current date as soon as a financial class code is entered on the profile.
- **Received:** The Received field works based on the financial class. Once a claim is set up, the system looks at the Require Approval field on page 1 of the Insurance Company table. If this field is answered **Y**, and approval is received (pre-authorization), a received date will need to be manually entered. To enter the current date, a period may be entered (.). If the field is set to **N**, the system will update the received date when the claim is created.
- **Precert#/Type:** Enter the intermediary's pre-certification authorization number and qualifier code type obtained. A 25-digit precert number may be entered. The qualifier code designates the type of pre-certification authorization number. If a qualifier code is not entered, the system defaults to **G1**.
- **Phone:** The pre-certification phone number pulls from page 4 of the Insurance Company table.
- **Medicare #:** Used to record the Medicare Contract Number that was used prior to the issuing of the Medicare Beneficiary Identifier (MBI). This will allow the legacy Medicare Contract # to be recorded for reporting purposes.

Contract Management

- **Plan:** Updated manually by facilities using the Contract Management application or may be pulled automatically from the Insurance Company table.
-
- **Network:** Updated automatically by the system when using the Contract Management application.

Miscellaneous

- **Misc#3:** This field is for state specific use. It requires information to be entered manually.
- **GBHC:** The Georgia Better HealthCare number should be entered here.
- **Medigap#:** The Medigap number is used for certain intermediaries. It may be entered manually or pull from the Medigap field on page 8 in the Insurance Company table.
- **Clinic Cd:** Select a clinic code from the lookup menu to have a clinic's address pull to locator 1 on the UB04 or locators 32 and 33 on the 1500.
- **Payer ID:** The Payer ID for electronic billing may be manually loaded here, or it can pull from the Payor ID field on page 4 in the Insurance Company table.
- **EOB Indicator:** Entering **Y**, will indicate if the secondary payer needs a hardcopy EOB from the primary attached to the claim.
- **EID:** The Employment Information Data should be entered here.



- **ESC:** Employment Status Code is updated manually. Select the **magnifying glass icon** or enter a question mark (?) to access the ESC Code lookup.
- **Release of Info:** This field is used for institutional claims. If blank, the system defaults to **Y**. Otherwise, the facility may enter **A, I, M, N, O** or **Y** depending on specific requirements. This pulls to locator 52 on the UB04.
- **Direct Pay:** If set to **N**, the hospital receives the reimbursement. If set to **Y**, the patient receives the reimbursement. This will default to **N**.
- **Ben. Desc:** The Benefit Description fields' use varies from state to state. If necessary, information will be entered manually. These fields will hold up to 110 characters of which 108 will transmit electronically. Type **XMIT** in the first four spaces of the first field, and type what needs to pull to locator 19 on the 1500 form or to locator 80 on the UB04.

Detail Benefits

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > Guarantor/Ins > Add > Select financial class code > Detail Benefits**

| Accounts Receivable Claim Maintenance | |
|--|------|
| Signed On Emp: XXX Dept: 058 | |
| 0111889696 REED GRACE ELLEN BB BLUE CROSS BLUE SHIELD OP 000006470026B | |
| Policy Information Detail Benefits | |
| Full Days: | 0 |
| CO Days: | 0 |
| Life Days: | 0 |
| Blood Deduct: | 0 |
| Part-A Deduct: | 0.00 |
| CO-Pay Rate: | 0.00 |
| CO-Pay Limit: | 0.00 |
| Semi-Pvt Rate: | 0.00 |
| Per Diem Rate: | 0.00 |
| Life Days Used: | 0 |
| Covered Days: | 0 |
| Non-Cov Days: | 0 |
| Co Days Used: | 0 |
| Effective Date: | |
| Coverage %: | 0.00 |
| Date Care Ended: | |
| Covered Room Rate: | 0.00 |
| Prior Payment: | 0.00 |
| Prior Payment Code: | |
| Special Program ID: | |
| EPSDT Referral Given? | |
| EPSDT CCC: | |
| PSRO Approval From: | |
| PSRO Approval To: | |
| Misc#4: | |
| Misc#5: | |
| Misc#6: | |
| LTCH Coverage End: | |
| Delay Reason: | |
| Other Claim ID/Qual: | |

Accounts Receivable Claim Setup, Detail Benefits

- **Full Days:** Enter the maximum number of days the insurance company plans to cover the patient.
- **CO Days:** Enter the maximum number of days the insurance company will partially cover the patient's bill amount.
- **Life Days:** Life days normally only apply to Medicare claims. If life days apply to this patient's insurance, enter the number of days in this field.
- **Blood Deduct:** Enter the number of pints of blood for which the patient is responsible for paying.
- **Part-A Deduct:** Deductible amounts lower the expected pay amount but do not affect the covered and non-covered dollar amounts. If there is a deductible amount, enter it in this field.

- **CO-Pay Rate:** Enter the rate the patient is responsible for if co-insurance days are used.
- **CO-Pay Limit:** If those patients using co-insurance days have a limit on the co-pay rate, enter the limit amount in this field.

- **Semi-Pvt Rate:** The semi-private room rate that is loaded on page 1 of AHIS will pull to this field on the Detail Benefits screen unless the Insurance Company table has a room rate loaded on page 6. The semi-private room rate loaded in the Insurance Company table overrides the amount loaded in AHIS for that particular financial class.
 - **Per Diem Rate:** The daily per diem rate loaded in the Insurance Company table for a particular financial class will pull to this field.
 - **Life Days Used:** Enter the number of life days used for the insurance claim.
 - **Covered Days and Non-Cov Days:** The covered and non-covered days are updated by the system. When the claim is generated, the system looks at the full days field and determines if the days are covered or non-covered.
 - **Co Days Used:** Load the number of co-days a patient has used for a particular financial class.
 - **Effective Date:** Enter the date the insurance coverage began. The date should be entered in MMDDYY format.
 - **Coverage %:** If the insurance company is not covering a claim at 100%, enter the percentage amount in this field.
 - **Date Care Ended:** Enter the date the insurance policy ended. Enter the date in MMDDYY format.
 - **Covered Room Rate:** Enter the covered room rate amount. This field is used for informational purposes.
 - **Prior Payment:** If an insurance payment was made on the visit for a billing period prior to the period the claim is being generated, enter the payment amount in this field.
 - **Prior Payment Code:** This is a state specific field.
 - **Special Program ID:** This is not used at this time.
 - **EPSDT Referral Given?:** Was Early and Periodic Screening, Diagnosis and Treatment Referral Given to patient? **Y** or **N**.
 - **EPSDT CCC:** Certification Code for EPSDT: **AV**(available-not used), **NU** (not used), **S2**(under treatment) or **ST** (new service requested)
 - **PSRO Approval From:** This is not used at this time.
 - **PSRO Approval To:** This is not used at this time.
 - **Misc#4:** This field is informational and must be entered manually.
 - **Misc#5:** This field is informational and must be entered manually.
 - **Misc#6:** This field is informational and must be entered manually.
 - **LTCH Coverage End:** If the patient's benefits expire prior to the time of discharge, the date coverage ends can be loaded in this field, and the system will calculate a per diem reimbursement using the admit date as the begin date and this coverage end date.
 - **Delay Reason:** This is a 2-digit reason code placed on the Electronic File. The code represents the reason a claim is being billed late.
- **Add to Profile:** Select this option if a new insurance is added in the visit that is not listed on the Person Profile. The insurance information will copy back to the Profile.

NOTE: If there is a required field on Policy Information or Detailed Benefits, that information must be filled out before exiting this screen. The required field will highlight in red indicating this information must be entered. This is defined by the Policy Information Controls in the Insurance Company table by entering an **R** in the required fields.

Use the arrow back option to return to the Guarantor/Ins tab.

Pay Source

The Pay Source option on the Guarantor/Insurance tab will only appear for facilities utilizing the Cycle Billing application. For more information on Cycle Billing and the Pay Source option, please refer to the [Cycle Billing Procedures](#) section of the [Insurance](#) user guide.

6.5 Stay

This section will cover the Stay tab on the Accounts Receivable - Registration and ADT screen.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > Stay**

The screenshot shows the 'Stay' tab of the 'Accounts Receivable - Registration and ADT' screen. The patient is REED GRACE ELLEN, Account 359064, Room ER-17, and Status DISCHARGED. The form is divided into several sections: Pre-Admission, Admission, Discharge, Accident/Therapy/Treatment, Physicians, and Miscellaneous. Each section contains various input fields for dates, times, codes, and initials.

| Section | Field | Value |
|----------------------------|------------------------|------------------|
| Pre-Admission | Expect Dt: | 05/13/24 |
| | Entry Dt: | 05/13/24 |
| | Initials: | XXX |
| | Original Init: | XXX |
| Admission | Date/Time: | 05/13/24 12:50 |
| | Code: | E 17/EMER |
| | Origin: | HM HOME |
| | Condition: | U UNKNOWN |
| Discharge | Date/Time: | 05/13/24 12:51 |
| | Code: | H 01/HOME |
| | Condition: | U UNKNOWN |
| | Initials: | XXX |
| Accident/Therapy/Treatment | Date/Time: | 05/13/2024 10:03 |
| | Place/Qual: | 11 431 |
| | Event: | FALL |
| | State: | |
| Physicians | Attending: | 100000 BROWN A |
| | Second: | |
| | Prim Care: | 100000 BROWN A |
| | Care Team | |
| Miscellaneous | Room Req: | |
| | Pvt Neces: | |
| | Hosp Dir: | |
| | ABN Signed and Reason: | |

Accounts Receivable - Registration and ADT, Stay

Pre-Admission

- **Expect Dt:** Enter the expected date of patient's arrival.
- **Entry Dt:** Defaults to the current system date and cannot be changed. Indicates the date on which the Expect Date was entered.
- **Initials:** The initials of the person entering the pre-admission information should be entered. If utilizing employee sign on, the initials will pull automatically for that employee.
- **Original Init:** If information is changed, and employee sign on is being utilized, the original initials of the person who entered the account will move to the Original Init field, and the new employee will move to the Initials field.

Admission

- **Date/Time:** Enter the admission date in MMDDYY format and enter the admission time in HHMM format. Return through the Date and Time fields to display the current date and time.
- **Code:** Enter the admission code. A lookup window is available.
- **Origin:** Enter the origin code. A lookup window is available.
- **Condition:** Enter the condition code. A lookup window is available.
- **Initials:** Enter the initials of the person admitting the patient. The initials pull automatically if utilizing employee sign on.

Discharge

- **Date/Time:** Enter the discharge date in MMDDYY format and the time in HHMM format. Return through the Date and Time fields to display the current date and time.
- **Code:** Enter the discharge code. A lookup window is available. If a patient is discharged with an



expired discharged code of 20, 40, 41 or 42, an **icon** will display to the right of the field. Once selected, a cause of death may be entered. The discharge code field will display in red until a cause of death has been entered on the patient account.

- Enter a short description of the patient's cause of death. A look window is available. Select the



look up icon to search for the cause of death.

- A smart search is available to search by diagnosis description, ICD10 code or Snomed code. Enter the search parameters. Highlight the diagnosis code, and select **Continue** at the bottom of the screen. The ICD10 and Snomed codes will display. To remove the cause of death, select **Remove** at the bottom of the screen. Once the cause of death has been entered, select **Save**



at the bottom of the screen. Select the **red X** at the top right of the screen to exit the Patient Cause of Death window.

NOTE: The Cause of Death may also be entered or changed from the Medical Records System screen. To access the Medical Records System screen, select a patient account > Medical Records.

- **Condition:** Enter a discharge condition code. A lookup window is available.
- **Initials:** Enter the initials of the person discharging the patient. The initials pull automatically if utilizing employee sign on.

NOTE: When admitting an inpatient, the user will skip the admission and discharge fields on this screen. This information will be entered in the ADT Functions drop-down menu.

Accident/Therapy/Treatment

- **Date/Time:** Enter the date and time the accident occurred or when therapy started.
- **Place/Qual (Place/Qualifier):** Enter the place of the accident. A lookup window is available. Codes may be set up in the Accident Places table in Table Maintenance. Enter the applicable qualifier to identify what is being reported. A lookup window is available. Codes may be set up in the Treatment Qualifier Codes table in Table Maintenance.
- **Event:** A brief description of the type of accident should be entered.
- **State:** The 2-character accident state code should be entered.
- **Other Date/Qual (Other Date/Qualifier):** Enter another date related to the patient's condition or treatment. Enter the applicable qualifier to identify which date is being reported. A lookup window is available. Codes may be set up in the Treatment Qualifier Codes table in Table Maintenance.

Physicians

- **Attending:** Enter the patient's attending physician. A lookup window is available.
- **Second:** Enter the patient's secondary physician. A lookup window is available.
- **Prim Care:** Enter the patient's primary care physician. A lookup window is available.

NOTE: If a physician number that has been inactivated is manually entered in the Physician field, the message "Inactive Physician" will display, and the field will revert back to its original state.

- **Care Team:** Select this option to add additional types of physicians, such as a Hospitalist.

Care Team

The Care Team screen will display all physicians (Attending, Primary Care, etc.) for the patient. If any of the physician information is changed on this screen, it will be updated throughout Web Client.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > Stay > Care Team**

| Charts REED GRACE ELLEN | | | |
|---|------------------------------|-------------------------------|-------------------------|
| REED GRACE ELLEN | Account: 359064 | Birth Sex: F Admin Gender: UN | DOB: 06/19/1943 Age: 80 |
| MRN: 000312 | Attending Phy: BROWN ALICE C | Total Charges: \$0.00 | |
| Service Dates: 05/13/2024 - 05/13/2024 | Disc Cd: H | Bill Date: | |
| Pl Type: 3 | Service Code: ER | Financial Class: BB | |
| BMI: 0 kg/m2 | BSA: 0.00 m2 | Admit Weight: 0.00 kg | |
| Edit Remove Add Provider Add Employee | | | |
| Patient Demographics - Care Team | | | |
| BROWN ALICE C | ID: 100000 | Member Type: Attending | |
| BROWN ALICE C | ID: 100000 | Member Type: Primary | |

Patient Demographics - Care Team

Below is an explanation of each column.

- **Number:** The physician number of the physician
- **Name:** The name of the physician
- **Member Type:** The type of physician

Below is an explanation of each option on the action bar.

- **Edit:** Select this option to make changes to any of the listed physicians.
- **Remove:** Select this option to remove one of the listed physicians.
- **Add Provider:** Select this option to add a new type of physician.
- **Add Employee:** Select this option to add an employee to the care team.

Edit

The Edit option may be used if changes need to be made to the Physician Type; however, if the Physician Type is the Attending, Primary or Secondary, Web Client will not allow those types to be edited, and the changes will need to be made from the Census screens. The Edit option will also not be available for any Employees that have been added to the Care Team.

To begin using the Edit option, first select the physician from the list and then select **Edit**.

Select the new Physician Type and then select **Save** to save the changes.

Remove

The Remove option may be used if a physician needs to be removed from the Care Team; however, if the Physician Type is the Attending, Primary or Secondary, Web Client will not allow those types to be removed from this screen and will need to be removed from the Census screens.

To begin using the Remove option, first select the physician from the list and then select **Remove**.

Add Provider

The Add Provider option will display a listing of all staff and non-staff physicians. A search option is available at the top of the screen to search for a physician by name or number. Once the appropriate physician has been found, double-click on the name from the list.

The Patient's Physician Edit screen will then display. Select the **Type** drop-down to select the type of physician being added. A physician type may only be added one time. For example, if a physician is already listed as an admitting physician on the Patient Demographics - Care Team screen, then Admitting will not be an option on the Patient's Physician Edit screen. The exception to this is a Consulting physician and a Hospitalist. Consulting physicians and Hospitalists may be added multiple times.

Once a type is selected, select **Save** from the action bar.

Select the **back arrow** to return to the Care Team screen.

Add Employee

The Add Employee option will display a listing of all active employees. A search option is available at the top of the screen to search for an employee by name or login. Once the appropriate employee has been found, double-click on the name from the list. If wanting to add an employee with an inactive login, select **Show Inactive Logins** on the action bar.

If an employee is added to the patient's care team, it will display below the providers on the care team list with a Member Type of "careteam".

Miscellaneous

- **Room Req:** Enter the type of room the patient requested (**S**=Semi Private or **P**=Private). A lookup window is available.
- **Pvt Neces:** Enter **Y** if the doctor ordered the patient to have a private room for medical reasons.
- **Hosp Dir:** Enter **Y** if this patient should be included on the Alpha Census report as a Hospital Directory Patient. Leaving this field blank or entering **N** will omit the patient from pulling to the Alpha Census report when the "Hospital Directory Patients Only" prompt is selected.
- **Call Ref:** Indicates whether this patient was registered through the Call Referral system.
- **Last Acct:** The system will automatically update this field with the visit number with the most current Entry Date.
- **Last Date:** The system will automatically update this field with the admission date of the above visit.
- **ABN Signed and Reason:** Indicates whether the patient has signed an Advance Beneficiary Notice. If this field is answered **Y**, a reason code must be entered. The procedure or test is either **Denied** by Medicare, considered **Not Medically Necessary** or not covered due to **Frequency**. Also when answering this field **Y** and ABN Notification is marked **Y** in the Medical Necessity table, it will pull "ABN on File" to the Claims by Patient screen in insurance.

NOTE: If an ABN is signed and the patient has Medicare insurance, the system will pull occurrence code 32 to the UB04.

- **Consent/Privacy Settings:** Selecting this option will open the Patient Consent/Privacy Settings screen. This screen will allow information regarding the patient's consent and privacy settings to be captured. For more information please refer to the [Consent/Privacy Settings](#)¹²² section of this documentation.
- **Care Team Event Notifications:** Selecting this option will open the Care Team Event Notifications screen. This screen will display a listing of added physicians the patient has requested to be notified when they are admitted, discharged or transferred from the facility. Physicians may be added, edited or deleted from this screen. For more information, please refer to the [Care Team Event Notifications](#)⁷⁹ section of this documentation.

Consent/Privacy Settings

The Patient Consent/Privacy Settings screen will allow information regarding the patient's privacy to be captured. There are various other locations in the system where this screen may be accessed.

Below is an explanation of each field:

- **Consent/Privacy Notice and Date:** Pulls from the Person Profile. Indicates if the patient has signed a privacy notice and the date it was signed.

NOTE: This field will only be available if the Census Behavior Control "Edit Consent/Privacy Notice" is set to allow.

- **Med History Consent:** Enter the code that represents the consent level to be utilized when retrieving medication history. This field will only be visible if the site has purchased E-Scribe. A



lookup window is available. Select the **magnifying glass icon**, or enter a question mark (?) to see the listing. Once a selection has been made, it will copy back to the profile and any future visits. These categories are hard-coded.

- No consent
- Consent given
- Parental/Guardian consent from any prescriber

NOTE: This field will only be available if the Census Behavior Control "Edit Med History Consent" is set to allow.

Effective April 5, 2021, the [Information Blocking](#) rule prohibits any action or practice that interferes with the access, exchange, or use of an individual's electronic health information (EHI). There are [eight exceptions](#) when interference with the access, exchange or use of an individual's EHI would not be considered Information Blocking. To avoid non-compliance, and potential non-compliance penalties, Healthcare providers should ensure that suppression of any patient EHI meets one of the documented exceptions. Questions concerning the Information Blocking rule, and the eight exceptions, may be answered on the ONC's [FAQ](#) web page.

The following selection will exclude data from selected user on Portal and Patient-facing APIs:

- **Patient:** Select this option to deny a patient from viewing the Patient Summary or Referral/Transition of Care documents within the Patient Portal. The default for this field is unchecked which allows the Patient Summary or Referral/Transition of Care documents within the Patient Portal to be viewed. This field may also be selected by from HIR (Health Information Resource).
- **HIE Shared Data?:** Indicates whether the patient has designated the information from this account as being shareable. The default may be set up in the Medical Record Control Record in the Business Office tables. If this field is answered "Do not share data with HIE", the information will not be shared and therefore not transmitted to a RHIO. If this field is answered "Share data with HIE", the information from this account will be shared and transmitted to a RHIO. This field may also be answered "Share data in emergency only" which indicates no response or unknown. The information in this case will only be shared in the case of an emergency. A date will display next to this field to reflect the last time a change was made.

- **Patient Event Notification:** Indicates if a patient has opted in or out from having their Care Team members notified of their admission/discharge/transfer from a facility. The options for this field are **Send Notification** and **Do Not Send Notification**. When a new visit is created, this field will default to Send Notification. The Date next to this field will only be captured if this field is accessed or changed.
- **Data Sensitivity Level:** Indicates the sensitivity level of the patient's data. This field will default to **Normal**, but may also be set to **Restrictive**, or **Very Restrictive**. A date will display next to this field when it has been updated.
- **Protect Immunization Data:** Indicates if the patient's immunization data may be shared. The options for this field are **Y - Protect Data, do no share**, and **N - not protected, can be shared**. A date will display next to this field when it has been updated.
- **Participate in CAHPS survey:** When selected, indicates that the patient is willing to participate in the OAS CAHPS survey.
- **Chronic Care Management Program:** Select if the patient is participating in a Chronic Care Management program or not. If **Participating** or **Participation Declined** is selected, a date will also need to be added as to when the patient was asked. This field will default to **Not Addressed**.
- **Citizenship:** Select the patient's immigration status. The options are:
 - 01 US citizen
 - 02 Lawfully in U.S.
 - 03 Unlawfully in U.S.
 - 04 Declined to answer

Select **Update** on the action bar once all necessary information has been captured. Select the **back arrow** to return to the Census screens.

Care Team Event Notification may be selected from the action bar and will display a listing of added physicians the patient has requested to be notified when they are admitted, discharged or transferred from the facility. Physicians may also be added, edited or deleted from this screen as well.

Care Team Event Notifications

Selecting **Care Team Event Notification** from the visit will display a listing of added physicians the patient has requested to be notified when they are admitted or discharged from the facility.

For more information, refer to the [Care Team Event Notification](#)  section of this user guide.

6.6 Clinical

This section will cover the Clinical tab on the Accounts Receivable - Registration and ADT screen.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > Clinical**

The screenshot shows the 'Accounts Receivable - Registration and ADT' screen for patient ROTH OLIVER MICHAEL (Account: E0001208, Room: .). The 'Clinical' tab is selected. The form includes the following fields and sections:


- Condition:** A text input field.
- Isolation:** A dropdown menu with a plus sign icon.
- Care Level:** A dropdown menu.
- Admit Weight:** Input fields for lbs, oz, and kg.
- Diet:** A text input field.
- Miscellaneous-1:** A dropdown menu.
- Miscellaneous-2:** A dropdown menu.
- Chart Code:** A dropdown menu.
- Report Location:** A dropdown menu.
- Chief Complaint:** A text input field.
- ER Log:** A dropdown menu.
- Comments:** A large text input field.
- Code Status:** A dropdown menu set to 'Assume Full Code'.
- Allergies:** A table with columns for Priority, Allergy, and Reaction(s).

| Priority | Allergy | Reaction(s) |
|----------|-------------------------|--------------------------------|
| 3 | No Known Drug Allergies | |
| 2 | Sesame seed | Anaphylaxis |
| 1 | Pollen | Hives; Rash; Itching; Swelling |
- Immunizations:** A table with columns for Immunization and Date.

| Immunization | Date |
|--------------|------|
| n/a | |

Accounts Receivable - Registration and ADT, Clinical

- **Condition:** Enter the condition code of the patient. This is typically not entered at the time of initial registration.
- **Isolation:** The following isolation precaution codes may display next to this field: **A**-Airborne, **D**-Droplet or **C**-Contact. The isolation code is typically not entered at the time of initial registration.

However, if needing to address this field, select the  plus sign to launch the [Demographics - Encounter](#) screen.

- **Care Level:** The care level is determined by the clinical staff after initial registration.
- **Admit Weight:** If desired by the hospital, enter the patient's weight at the time of admission. Typically, this is not entered during initial registration.
- **Diet:** Load any dietary restrictions as determined by the clinical staff.
- **Miscellaneous-1:** Site-specific field.
- **Miscellaneous-2:** Site-specific field.
- **Chart Code:** Do not use at this time.

- **Report Location:** This field is used for automatic report distribution. Once the report location is assigned, it will display on the Ancillary Patient Functions screen, Report Location field, and can be utilized in Ancillary Report Distribution. An example is when a non-patient specimen is registered, and the report needs to go back to the clinic from which it was ordered.
- **Chief Complaint:** Select the document icon to launch the Reason For Visit screen. Please see the [Chief Complaint](#)¹²⁶ section of this user guide for more information about the fields on this screen.
- **ER Log Y/N:** This field accepts a **Y** or **N**. When a **Y** is entered, the "Edit ER Log?" prompt appears. Answering this prompt with a **Yes** accesses the ER Log.
- **Comments:** This field is a free-text field for any additional comments that need to be entered.
- **Code Status:** This field will indicate the patient's wishes when coding. The default for this field is Assume Full Code, but may be changed to one of the following: Full Code, Do Not Resuscitate, Do Not Intubate or Medications Only. Typically this is not entered at the time of initial registration.
- **Social History - Sexual:** This option launches the Social History - Sexual screen. This is where the patient's sexual orientation and gender identity will be captured. Please see the [Social History - Sexual](#)¹²⁷ section of this user guide for more information about the fields on this screen.
- **Tobacco/Nicotine:** This option launches the Social History - Tobacco/Nicotine Use screen. This is where the patient's smoking status will be captured. Please see the [Tobacco/Nicotine Use Edit](#)¹²⁸ section of this user guide for more information about the fields on this screen.
- **Allergies:** Select this option to obtain a listing of allergies to add to the patient's account. An allergy may be selected from the list, **No Known Allergies** or **No Known Drug Allergies** may be selected or **Other** may be selected to enter free-text. Select **Save Changes** before exiting this screen.
- **Immunizations:** Select this option to obtain a listing of immunizations to add to the patient's account. An immunization may be selected from the list or select **Create New Immunization** to add one. Enter a date in the **Date Received** field, and select **Add**. Select **Save Changes** before exiting this screen.

Chief Complaint

Selecting the document icon next to the Chief Complaint field will launch the Reason for Visit screen.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > Clinical > Chief Complaint**

Reason for Visit

Once the Reason for Visit screen displays, select one of the following options for the Major Reason for Visit. The system will default to New Problem, but may be changed as needed:

- **New Problem**
- **Preventative Care**
- **Chronic Problem, routine**
- **Chronic Problem, flareup**
- **Pre/Post Surgery**

Select the **look up icon** to search for the chief complaint. A smart search is available to search by diagnosis description, ICD-10 code or Snomed code. Enter the search parameters. Highlight the diagnosis code, and select **Continue** on the action bar.

An **Onset Date** should be entered for the chief complaint. A **Date Picker** is available. The ICD9, ICD10 and Snomed codes will display. Up to three chief complaints may be entered. Once a Major Reason for Visit has been selected and all chief complaint information has been entered, select **Save** on the action bar. Up to three **Working Diagnosis** may also be entered, as well as a **Physician Admit Reason**, following the same process as entering chief complaints.

Once all information has been entered, select the **back arrow** to exit the Reason for Visit screen.

Social History - Sexual

Social History Sexual History provides documentation for the patient's Sexual History.

Select Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > Clinical > Social History - Sexual

Social History - Sexual History Edit

The patient's **Sexual History** includes the following questions and available radio button responses:

- **Are you sexually active:**
 - Not Answered (Default)
 - Yes
 - No
 - **Screening:** Will auto populate current date but may be changed if necessary.
- **Sexual Orientation:**
 - Not Answered (Default)
 - Straight or Heterosexual
 - Lesbian, Gay or Homosexual
 - Bisexual
 - Doesn't Know
 - Chooses Not to Disclose
 - **Other:** Free text field that will hold up to 50 characters.
- **History of unsafe sexual activity:**
 - Not Answered (Default)
 - Yes
 - No
- **Gender Identity:**
 - Not Answered (Default)
 - Identifies as Male
 - Identifies as Female
 - Female to Male (FTM) Transgender Male/Trans Man
 - Male to Female (MTF) Transgender Female/Trans Woman
 - Genderqueer, neither exclusively Male nor Female

- Non-Binary
- Chooses Not to Disclose
- **Additional Gender, Specify:** Free text field that will hold up to 50 characters.
- **Preferred Pronoun(s):** This field is to document patient's preferred gender pronoun. This is a free text field and will allow a maximum of 15 characters. This will also print to the Narrative or List View in Health History Review and to the Patient Summary.

Once documentation is completed, select **Save**. Then select the **back arrow** to exit the screen.

NOTE: The system will prompt "Are you sure you wish to exit without saving?" if information is not saved.

Tobacco/Nicotine Use Edit

The Tobacco/Nicotine Use Edit screen is where the patient's smoking history is captured. The information captured on this screen will copy to the profile, visit and Health History screens. Below is an explanation of each section.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > Clinical > Tobacco/Nicotine**

Tobacco/Nicotine Use Edit

Tobacco Use Screening Completed:

Screening Status: ☐ Not Answered ☒ Yes ☐ No 12/28/2022 X

Reason for Not Screening:

Smoked Tobacco:

Smoking Status: ☐ Not Answered ☐ Current every day smoker ☐ Current some day smoker ☐ Former smoker ☒ Never smoker ☐ Smoker/current status unknown

Frequency: Packs per ☒ Day ☐ Week ☐ Year

Duration:

Cigarettes: years

Cigars: years

Pipes: years

Smoke Start Date:

Smoke End Date:

Smokeless Tobacco:

Smokeless Tobacco Status: ☐ Not Answered ☐ Does not use moist powdered tobacco ☐ Never used moist powdered tobacco ☐ Ex-user of moist powdered tobacco ☒ Never chewed tobacco

Frequency: Use times per ☒ Day ☐ Week ☐ Year

Duration: years

Smokeless Start Date:

Smokeless End Date:

Electronic Cigarettes:

Electronic Cigarette Use: ☐ Not Answered ☐ Yes ☒ No

Duration: years

Electronic Cigarette Start Date:

Electronic Cigarette End Date:

History of Tobacco Use:

- ☐ Chews tobacco
- ☐ Cigar smoker
- ☐ Cigarette smoker
- ☐ Exposed to tobacco use smoke at home
- ☐ Light tobacco smoker
- ☐ Maternal tobacco use
- ☐ Pasolve smoker
- ☐ Pipe smoker
- ☐ Rolls own cigarettes
- ☐ Snuff user
- ☐ Thinking about quitting smoking

Tobacco Cessation Counseling:

Counseling Given:

Cessation Counseling Given:

Reason Not Given:

No

☒ Not Answered ☐ Medical ☐ Patient Refused ☐ Other

Tobacco/Nicotine Use Edit

- Tobacco Use Screening Completed:** This section is used to notate if the Tobacco Use Screening was completed.
 - Screening Status:** Select one of the following options:
 - Not Answered:** This field will default to this option.
 - Yes:** Select this option if the patient completed their tobacco screening. If this is selected, the current date will populate in the date field.
 - No:** Select this option if the patient did not complete their tobacco screening. If this is selected, the Reason for Not Screening field will need to be addressed.
 - Reason for Not Screening:** A magnifying glass will display when No is selected for the Screening Status. Select the magnifying glass to search and select a reason for not completing the tobacco screening.
- Smoked Tobacco:** This section is used to capture the smoking status of the patient.
 - Smoking Status:** Select one of the following options to document if the patient has ever smoked. This will copy back to the Smoker field on the profile and visit. The options for this field are as follows:
 - Not Answered (Default)
 - Current every day smoker
 - Current some day smoker
 - Former smoker
 - Never smoker
 - Smoker/current status unknown
 - Heavy tobacco smoker
 - Light tobacco smoker
 - Unknown if ever smoked
 - Frequency:** If the patient smokes, enter in the number of packs smoked and select if that number is per **Day**, **Week** or **Year**.
 - Duration:** If the patient smokes, define the type of tobacco, **Cigarettes**, **Cigars**, and **Pipes**, and the number of years they have used smoking tobacco.
 - Smoke Start Date:** Enter the date of when the patient started smoking, if applicable. This will copy back to the Smoke Start Date field on the profile and visit.
 - Smoke End Date:** Enter the date of when the patient stopped smoking, if applicable. This will copy back to the Smoke End Date field on the profile and visit.
- Smokeless Tobacco:** This section is used to capture the smokeless tobacco status of the patient. If the patient is a smokeless tobacco user the **Frequency**, **Duration**, and start and end dates may be documented.

- **Smokeless Tobacco Status:** Select one of the following options to document if the patient has ever used smokeless tobacco. This will copay back to the Smokeless Tobacco field on the profile and visit. The options for this field are as follows:
 - Not Answered (Default)
 - Does not use moist powdered tobacco
 - Never used moist powdered tobacco
 - Ex-user of moist powdered tobacco
 - Never chewed tobacco
 - Snuff user
 - User of moist powdered tobacco
 - Chews tobacco
 - Tobacco consumption unknown
- **Frequency:** If the patient uses smokeless tobacco, enter in the number of times it was used and select if that number is per **Day**, **Week** or **Year**.
- **Duration:** If the patient uses smokeless tobacco, enter the number of years they have used smokeless tobacco.
- **Smokeless Start Date:** Enter the date of when the patient started using smokeless tobacco, if applicable.
- **Smokeless End Date:** Enter the date of when the patient stopped using smokeless tobacco, if applicable.
- **Electronic Cigarettes:** This section may be used to document if the patient has used electronic cigarettes.
 - **Electronic Cigarette Use:** Select one of the following options:
 - **Not Answered:** This field will default to this option.
 - **Yes:** Select this option if the patient uses electronic cigarettes.
 - **No:** Select this option if the patient does not use electronic cigarettes.
 - **Duration:** If the patient uses electronic cigarettes, enter the number of years they have been using.
 - **Electronic Cigarette Start Date:** Enter the date of when the patient started using smokeless tobacco, if applicable.
 - **Electronic Cigarette End Date:** Enter the date of when the patient stopped using smokeless tobacco, if applicable.
- **History of Tobacco Use:** This section may be used to select the patient's various usage of tobacco as well as exposure to smoke. The dates of when usage began and ended may also be recorded for each one.
- **Tobacco Cessation Counseling:** This section only needs to be addressed if not providing tobacco counseling.
 - **Counseling Given:** If Smoking Cessation Education Documents are given during the visit, this field will update to **Yes**, and the name of the document will be listed in the Cessation Counseling Given field. If no cessation counseling is given, this field will display **No** and the Reason Not Given field will need to be addressed.
 - **Cessation Counseling Given:** If counseling is given, this field will display the name of the document given to the patient. If no cessation counseling is given, this field will display **None**.
 - **Reason No Given:** This field will need to be addressed when no counseling is given to the patient. Options for this field are: Not Answered, Medical, Patient Refused and Other.

6.7 Other Options

There are eight options at the top of the screen that will allow the user to access different areas from the Registration and ADT screen without having to exit to the Patient Functions screen. This section will discuss each in detail.

ER Log

The ER Log will allow information to be entered for each ER visit.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > Clinical > ER Log**

The screenshot shows the 'Census - ER Log' form within a web application. At the top, patient information for REED, GRACE ELLEN is displayed, including DOB (06/19/1943), gender (Female), and visit details (Visit #: 359064, ER-17). The form itself contains several input fields and dropdown menus for recording the ER visit. Key fields include Arrival Date/Time (5/13/2024, 12:00), Admit Date/Time/Code (5/13/2024, 12:50, E), Discharge Date/Time/Code (5/13/2024, 12:51, H), Attending Physician (BROWN ALICE C), Discharge Condition (U, UNKNOWN), Mode of Arrival (WK, WALK-IN), Transport Person (PATIENT), Relationship (SELF, SELF), Chief Complaint (VOMMITING), Triage Level (2, Emergency), and Disposition. There are also checkboxes for '17/EMER' and 'HOME Home'. At the bottom, there are fields for Physician Decision to Admit Date/Time, Patient Seen by Provider in ED Date/Time, and Observation Start Date/Time.

- **Arrival Date/Time:** Enter the date and time the patient arrived at the facility requesting care.
- **Admit Date/Time/Code:** This field is automatically updated with the admission date, time and code from the Stay tab on the Registration and ADT screen.
- **Discharge Date/Time/Code:** This field is automatically updated with the discharge date, time and code from the Stay tab on the Registration and ADT screen.
- **Attending Physician:** This field is automatically updated with the attending physician from the Stay tab on the Registration and ADT screen.
- **Discharge Condition:** This field is automatically updated with the discharge condition code from the Stay tab on the Registration and ADT screen.

- **Mode of Arrival:** Enter mode of arrival for the patient. This information is not included on any other field. Codes may be set up in the Emergency Room Log Codes table in the Business Office Table. A lookup window is available.
- **Transport Person:** Enter the person who brought the patient to the ER.
- **Relationship:** Select the Transport Person's relationship of the patient.
- **Chief Complaint:** Pulls from the Clinical tab on the Registration and ADT screen.
- **Triage Level:** Enter the triage level for the patient. Codes may be set up in the Emergency Room Log Codes table in the Business Office Table. A lookup window is available.
- **Disposition:** Enter the disposition code for the patient. Codes may be set up in the Emergency Room Log Codes table in the Business Office Table. A lookup window is available.
- **Services:** Enter a short description of the services performed in the Emergency Room.
- **Physician Decision to Admit Date/Time:** Enter the date and time the physician decided to admit the patient to the facility for care.
- **Patient Seen by Provider in ED Date/Time:** Enter the date and time the provider in the ED saw the patient for care. If a date is entered, the time **MUST** be entered as well.
- **Observation Start Date/Time:** Enter the date and time the patient went to an observation status. If an observation date is entered, the time **MUST** be entered as well. The ER Log may not be updated until a time is populated.

NOTE: *The Observation Start Date/Time will have to manually filled out. It will not automatically cross-over if the patient has been admitted with an observation status.*

Once all information has been populated, to update the ER Log, select **Update** on the action bar. Select the back arrow to return the Registration and ADT screen.

NOTE: *In order to have access to the Update option on the action bar, to update the ER Log, the Behavior Control "Edit ER Log" will need to be set to Allow in Identity Management.*

MSP

The MSP option will allow access to the Medicare and Trauma Questionnaire.

Select **Web Client > System Menu > Hospital Base Menu > Patient Account # > Census > MSP > Part I**

System Menu
System Menu

TruBridge Community Hospital
Signed On Emp: XXX Dept: 058

Name: REED GRACE ELLEN Account: 359064 Enter Type: CP PATIENT DATA SYSTEM

PgDn Print Trauma Delete

Medicare Questionnaire

Part I: INFORMATION ABOUT BLACK LUNG, WORKERS' COMPENSATION (WC), NO-FAULT AND LIABILITY

1. Are you receiving benefits under the Black Lung Benefits Act (BL)?
☐ (Y/N)

2. If yes, Date Black Lung Benefits began: (MMDDCCYY)
Note: BL is the primary payer for claims related to BL.

3. Was the illness/injury due to a work-related accident/condition?
☐ (Y/N)

4. If yes,
Employer name:
Employer address:
Insurance carrier name:
Insurance address:
Policy or claim number:
Date of illness or injury: (MMDDCCYY)
Note: WC is the primary payer only for services related to work-related injuries or illness.

Medicare Questionnaire - Part I

After answering questions 1-4 of Part I, select **PgDn** to access the remaining Part I questions of the Medicare Questionnaire.

Select Web Client > System Menu > Hospital Base Menu > Patient Account # > Census > MSP > **Part I**

The screenshot shows a web application interface for a Medicare Questionnaire. At the top, a blue header bar contains the text "TruBridge Community Hospital" and "Signed On Emp: XXX Dept: 058". Below this, a blue bar displays patient information: "Name: REED, GRACE ELLEN", "Account: 359064", "Enter Type: CP", and "PATIENT DATA SYSTEM". A navigation bar below the header includes buttons for "PgDn", "PgUp", "Print", "Trauma", and "Delete". The main content area is titled "Medicare Questionnaire" and contains "Part I. INFORMATION ABOUT BLACK LUNG, WORKERS' COMPENSATION (WC), NO-FAULT AND LIABILITY". It includes two questions, 5 and 7, each with a "Y/N" response option and a set of input fields for insurance carrier details (name, address, policy number, date of illness or injury). A note at the bottom states: "Note: Liability insurance is the primary payer only for services related to the liability settlement, judgement, or award." A "PgDn" button is visible at the bottom right of the form area.

Medicare Questionnaire - Part I

After answering all the questions in Part I, select **PgDn** to access Part II of the Medicare Questionnaire.

Select **Web Client > System Menu > Hospital Base Menu > Patient Account # > Census > MSP > Part II**

The screenshot shows a web application interface for a Medicare Questionnaire. At the top, a blue header bar contains the text "System Menu" and "System Menu". Below this, a navigation bar shows "TruBridge Community Hospital" and "Signed On Emp: XXX Dept: 058". The main content area is titled "Medicare Questionnaire" and contains the following text:

Part II. INFORMATION ABOUT MEDICARE ENTITLEMENT AND GROUP HEALTH PLANS

1. Are you entitled to Medicare based on:

- ☐ Age (Y/N)
- ☐ Disability (Y/N)
- ☐ End-Stage Renal Disease (ESRD) (Y/N)

Note: If entitlement is based solely on ESRD, skip Part II and complete part III. Stop after completing Part II if you are entitled to Medicare based on Age or Disability.

Are you retired? ☐ (Y/N) Retirement date: (MMDDCCYY)

Is your spouse retired? ☐ (Y/N) Retirement date: (MMDDCCYY)

Medicare Questionnaire - Part II

Depending on how question 1 on Part II is answered, different parts of the Medicare Questionnaire will be accessed. If a **Y** is entered for Age or Disability, when selecting **PgDn**, questions 2-4 of Part II will display regarding information about Medicare entitlement and group health plans. If an **Y** is entered for End-Stage Renal Disease, when selecting **PgDn**, Part III will be accessed regarding information about the patient if ESRD Medicare Entitlement applies. Age and End-Stage Renal Disease and Disability or End-Stage Renal Disease may both be selected.

Select Web Client > System Menu > Hospital Base Menu > Patient Account # > Census > MSP > **Part II**

System Menu
System Menu

TruBridge Community Hospital

Signed On Emp: XXX Dept: 058

Name: REED GRACE ELLEN Account: 359064 Enter Type: CP PATIENT DATA SYSTEM

PgDn PgUp Print Trauma Delete

Medicare Questionnaire

Part II. INFORMATION ABOUT MEDICARE ENTITLEMENT AND GROUP HEALTH PLANS

2. Do you have group health plan (GHP) coverage based on your own current employment, or the current employment of either your spouse or another family member?

☐ (Y/N)

If yes, the employer GHP may be primary to Medicare. Continue below. If no, stop here as Medicare is primary.

3. How many employees, including yourself or spouse, work for the employer from whom you have GHP coverage?

Note: If you are aged and there are 20 or more employees, your GHP is primary. If you are disabled and your employer, spouse, or family member has 100 or more employees, your GHP is primary.

4. If GHP is primary, please obtain the following:

Employer name:

Employer address:

GHP name:

GHP address:

Policy or claim number:

Group number:

Date coverage began: (MMDDCCYY)

Name of policyholder:

Relationship to patient:

Medicare Questionnaire - Part II

Select Web Client > System Menu > Hospital Base Menu > Patient Account # > Census > MSP > **Part III**

System Menu
System Menu

TruBridge Community Hospital

Signed On Emp: XXX Dept: 058

Name: REED GRACE ELLEN Account: 359064 Enter Type: CP PATIENT DATA SYSTEM

PgDn PgUp Print Trauma Delete

Medicare Questionnaire

Part III. INFORMATION ABOUT THE PATIENT IF ESRD MEDICARE ENTITLEMENT APPLIES (INCLUDING DUAL ENTITLEMENT, AGE AND ESRD OR DISABILITY AND ESRD)

1. Do you have employer group health plan (GHP) coverage through yourself, a spouse, or family member if dually entitled based on Disability and ESRD?

☐ (Y/N)

2. Have you received a kidney transplant?

☐ (Y/N)

If yes, Date of transplant:

3. Have you received maintenance dialysis treatments?

☐ (Y/N)

If yes, Date Dialysis began:

4. Are you within the 30-month coordination period?

☐ (Y/N)

Note: the 30-month coordination period starts the first day of the month an individual is eligible for Medicare (even if not yet enrolled in Medicare) because of kidney failure (usually the fourth month of dialysis) regardless of entitlement due to age or disability. If the individual is participating in a self-dialysis training program, or has a kidney transplant during the 3-month waiting period, the 30-month coordination period starts with the first day of the month of dialysis or kidney transplant.

Medicare Questionnaire - Part III

Select **PgDn** to access questions 5-6 of Part III.

Select **Web Client > System Menu > Hospital Base Menu > Patient Account # > Census > MSP > Part III**

The screenshot shows the 'Medicare Questionnaire - Part III' form. At the top, the header includes 'System Menu', 'System Menu', 'TruBridge Community Hospital', and 'Signed On Emp: XXX Dept: 058'. Below the header, patient information is displayed: Name: REED GRACE ELLEN, Account: 359064, Enter Type: CP, and PATIENT DATA SYSTEM. A navigation bar contains buttons: PgDn, PgUp, Print, Trauma, and Delete. The main content area is titled 'Medicare Questionnaire' and contains the following text: 'Part III. INFORMATION ABOUT THE PATIENT IF ESRD MEDICARE ENTITLEMENT APPLIES (INCLUDING DUAL ENTITLEMENT AGE AND ESRD OR DISABILITY AND ESRD)'. Question 5 asks: 'Were you receiving GHP coverage prior to and on the date of Medicare entitlement due to ESRD (or simultaneous entitlement due to ESRD and Age or ESRD and Disability)?'. There is a checkbox labeled '(Y/N)'. A note states: 'Note: If yes, the GHP is primary during the 30-month coordination period.' Question 6 asks: 'If yes,'. Below this are several input fields: Employer name, Employer address, GHP name, GHP address, Policy or number, Group number, Name of policyholder, and Relationship to patient.

Medicare Questionnaire - Part III

Select **PgDn** to access the last section of the Medicare Questionnaire. This page may be used to add any comments, but will also capture the date the questions were asked and given, as well as the initials of the employee who asked or changed the questions.

Select **Web Client > System Menu > Hospital Base Menu > Patient Account # > Census > MSP > Comments**

The screenshot shows the 'Medicare Questionnaire - Comments' form. At the top, the header includes 'System Menu', 'System Menu', 'TruBridge Community Hospital', and 'Signed On Emp: XXX Dept: 058'. Below the header, patient information is displayed: Name: REED GRACE ELLEN, Account: 359064, Enter Type: CP, and PATIENT DATA SYSTEM. A navigation bar contains buttons: PgUp, Print, Trauma, and Delete. The main content area is titled 'Medicare Questionnaire' and contains the following fields: Comments (a large text area), Date questions asked (05152024, (MMDDCCYY)), Date responses given (05152024, (MMDDCCYY)), Questions asked by (XXX), and Last changed by.

Medicare Questionnaire - Comments

When all pages have been answered, the Medicare Questionnaire may be printed, or the Trauma Questionnaire may be accessed.

At the top of the screen there are several options:

PgUp: The system will return to the previous page of the Medicare Questionnaire.

Print: This option will print the Medicare Questionnaire for the selected patient.

Trauma: This option will access the Trauma Questionnaire for the selected patient.

Delete: This option deletes the information entered in the Medicare Questionnaire and returns to the Registration and ADT screen.

NOTE: The log name of the person entering the Medicare Questionnaire will pull to the Questions Asked By field. The log name of the last person to make any changes will pull to the Last Changed By field.

From the top of any page of the Medicare Questionnaire, select **Trauma** to access the Trauma Questionnaire.

Select **Web Client > System Menu > Hospital Base Menu > Patient Account # > Census > MSP > Trauma**

System Menu
System Menu

TruBridge Community Hospital

Signed On Emp: XXX Dept: 058

Name: REED GRACE ELLEN Account: 359064 Enter Type: TA PATIENT DATA SYSTEM

PgDn Print Delete

TRAUMA QUESTIONNAIRE - Page 1 of 3

Are these services related to any type of accident, illness, or injury? ☐ (Y/N)

Are they covered by a worker's compensation plan? ☐ (Y/N)

Are they covered by a Federal Black Lung program? ☐ (Y/N)

If Yes to 2 or 3, please provide.

Plan Name or Program Name:

Address:

Policy # or Identification #:

Is this illness/injury covered by the Veterans' Administration? ☐ (Y/N)

Trauma Questionnaire - Page 1 of 3

Select **PgDn** to access page 2 of the Trauma Questionnaire.

Select **Web Client > System Menu > Hospital Base Menu > Patient Account # > Census > MSP > Trauma > Page 2**

System Menu
System Menu

TruBridge Community Hospital
Signed On Emp: XXX Dept: 058

Name: REED GRACE ELLEN Account: 359064 Enter Type: TA PATIENT DATA SYSTEM

PgDn PgUp Print Delete

TRAUMA QUESTIONNAIRE - Page 2 of 3

Is this illness/injury due to a non-work-related accident? ☐ (Y/N)

If Yes, what kind of accident?

Where did the accident occur, regardless of whether work related or non-work related? (Home/Work/Other)

Can payment be made for services related to the accident by a personal auto policy under Medical, No Fault, or Personal Injury Protection? ☐ (Y/N)

If Yes, please provide:

Insurer Name:

Address:

Policy Holder:

Policy #:

Telephone #:

Trauma Questionnaire - Page 2 of 3

Select **PgDn** to access page 3 of the Trauma Questionnaire.

Select **Web Client > System Menu > Hospital Base Menu > Patient Account # > Census > MSP > Trauma > Page 3**

System Menu
System Menu

TruBridge Community Hospital
Signed On Emp: XXX Dept: 058

Name: REED GRACE ELLEN Account: 359064 Enter Type: TB PATIENT DATA SYSTEM

PgUp Print Delete

TRAUMA QUESTIONNAIRE - Page 3 of 3

Can payment be made for services related to the accident by a liability insurer? ☐ (Y/N)

If Yes, please provide:

Insurer Name:

Address:

Policy Holder:

Policy #:

Telephone #:

Attorney Name:

Address:

Trauma Questionnaire, Page 3 of 3

When page 3 is completed, the Trauma Questionnaire may be printed. At the top of the screen, the following options are available:

PgUp: The system will return to the previous page of the Trauma Questionnaire.

Print: This option will print the Trauma Questionnaire for the selected patient.

Delete: This option deletes the information entered in the Trauma Questionnaire, and returns to the Registration and ADT screen.

Patient Data

The Patient Data option is a customized screen used for a facility to capture specific information.

Note Entry

The Note Entry option allows notes to be entered and saved to a patient's account. Reference [Note Entry](#) ^[216] for more information.

Images

The Images option allows files and documents to be incorporated into Web Client on a patient's account. Reference the [Electronic File Management](#) user guide for more information.

Forms

The Forms option allows the printing of face sheets, labels, armbands and the embosser to be used in the registration process.

NOTE: *A copy of the Admission Form and Emergency Room Form will automatically display in Print Electronic Record on the account. If utilizing a custom face sheet, it will also display in Print Electronic Record.*

ADT Functions

Once a patient has been registered into the system, certain census functions may be performed. Patients may be admitted into a room, transferred and discharged using this option. Reference [Admit/Discharge/Transfer Functions](#) ^[170] for more information.

6.8 Misc Options

Miscellaneous Options allow access to other functions on the patient's account in Web Client

Additional Demographics

The information entered on the Additional Demographic screens does not copy to any other part of the system. The information entered is informational only.

This option will allow the capture of additional demographic information. If information is entered on this screen from the Person Profile, that information will pull to the Additional Demographic screen on the visit when a new visit is created. If information is entered on this screen from the visit, it will not copy back to the profile or to existing visits.

The Name Qualifier field may be used to denote the type of alternate name the patient goes by. The options are as follows:

- Academic
- Adopted
- Birth
- Call Me
- Professional

Select **Web Client > System Menu > Hospital Base Menu > Patient Account # > Census > Misc Options > Additional Demographics**

The screenshot shows the 'Census - Additional Demographics' form. The top header includes 'System Menu', 'System Menu', 'TruBridge Community Hospital', and 'Signed On Emp: XXX Dept: 058'. The form is organized into three main sections:

- Patient's Alternate Name / Address:** Contains fields for Last Name, First Name, Middle Name, Prefix, Suffix, Pro Suffix, and Name Qualifier (set to 'Academic'). It also includes Address 1, Address 2, City, State/Zip, and County.
- Patient's Additional Information:** Contains fields for Prefix, Suffix, Pro Suffix, Phone Ext., Cell Phone Ext., Employer Ext., and Email Comment.
- Notify in Emergency: HARRIS ZACHARY - NEPHEW:** Contains fields for Prefix, Suffix, Pro Suffix, County, Email, Email Comment, Phone Ext., Cell Phone Ext., and Employer Ext.

Census - Additional Demographics

Additionally, information may also be entered for the Escribe application. Select the **Escribe** option at the top of the screen to access the Escribe Expanded Demographics screen. This screen will allow the patient's first, middle and last name to be filled out as well as their address. Select the **Copy** option at the top of the screen to copy over the patient's demographic information from Census. Once information has been populated, select **Save**.

Select **Web Client > System Menu > Hospital Base Menu > Patient Account # > Census > Misc Options > Additional Demographics > Escribe**

Expanded Demographics Edit Screen
Expanded Demographics Edit Screen

Save Copy

Escribe Expanded Demographics

Last Name:

First Name:

Middle Name:

Address 1:

Address 2:

City:

State/Zip:

Escribe Expanded Demographics

NOTE: The Additional Demographics screen may also be accessed on the Patient Profile and Emergency Contact profile.

Call Referral

Call Referral gives the ability for a facility to enter information on referrals, and to also track the number of calls per referral source and the number of cases admitted. Reference [Call Referral System](#)¹⁶⁰ for more information on the set up and the registration process of the Call Referral System.

Service Log

The Service Log may be used to track changes to the admit/discharge date and time, Stay Type, Sub Type, Service Code, Accommodation Code, Medical Record Number or the physicians of a patient's account. Each time one of the above fields is accessed and/or changed, the date, time and initials of the changes will be logged.

Select **Web Client > System Menu > Hospital Base Menu > Patient Account # > Census > Misc Options > Service Log**

| Date | Time | Code | Changed From | Changed To | Initials |
|----------|------|-----------------------|--------------|------------|----------|
| 05/13/24 | 1247 | Stay Type | | 3 | XXX |
| 05/13/24 | 1247 | Service Code | | ER | XXX |
| 05/13/24 | 1247 | Admitting Physician | | 100000 | XXX |
| 05/13/24 | 1247 | Medical Record Number | | 000312 | XXX |
| 05/13/24 | 1250 | Accommodation Code | New-Pt | ER | XXX |

Census - Service Log

Import from Inbox

This option will display a listing of all CCD's received from a third party and will allow the CCD to be imported and attached to a patient's account. For more information on how to use this option, please refer to [Electronic File Management](#) user guide.

Electronic Forms

This will allow access to Electronic Forms during the registration process if the user has security to access Electronic Forms.

Census Edits

Census Edits will allow facilities to have tailored specifications in the registration process. Each facility may have edits unique to the patient demographic information entered. Edits provide a list of fields in which incorrect or no data has been entered and are an efficient way to make the necessary corrections. Utilizing the edits will ensure the correctness of the information collected from the patient, and may also be used as an educational tool. Reference [Registration Edits](#)¹⁸⁰ for more information.

Send Notification

Send Notification will send a department notification when a patient is registered. The message "INC-PAT" will flash on the screen of the TTY# loaded on page 1, Registration Notification TTY# field in the department table. Once Send Notification is selected, enter the beginning department name or select the department. To highlight all departments listed, Select All Departments. Once the notifying Departments are highlighted, select Send to Department(s). This will flash the notification "INC-PAT" on the TTY# loaded in the department table.

Select **Web Client > System Menu > Hospital Base Menu > Patient Account # > Census > Misc Options > Send Notification**

| Description | Number | TTY |
|------------------------|--------|-----|
| Administration | 058 | 184 |
| Cardiopulmonary | 011 | 000 |
| Imaging Services | 036 | 000 |
| Nursing Administration | 001 | ? |
| Rehab Services | 044 | 000 |

Communications - Send Notification

Delete Acct

This will allow the deletion of a patient's visit once the deletion procedures are performed.

Copy From Profile

This will allow information from the profile to be copied to the visit. The default will be for all fields to be checked.

Select **Web Client > System Menu > Hospital Base Menu > Patient Account # > Census > Misc Options > Copy From Profile**

The screenshot shows the 'Copy From Profile' dialog box. The 'From Profile?' column has checkboxes for all fields, indicating that all information will be copied. The 'Mass Change By' section at the bottom has 'Account #' selected, with a value of 359064 entered.

Copy From Profile

NOTE: When the Copy From Profile option is selected an entry will be made to the AR Audit log for the account "Acct updated from Profile". Also the Service Log will display a change to medical record number and primary care physician showing the date, time and initials of the employee from which the change was made.

NOTE: If needing to copy the Mother, Father, Spouse, Notify, Patient Portal Authorized Rep or Caregiver from the profile, please refer to the [Contacts](#) section of this user guide.

Portal Reset

This will display the Portal Management screen. This screen is available to assist the facility in monitoring the registration process for the patient within MyCareCorner. Please refer to the [MyCareCorner](#) user guide for more information regarding this screen.

Locations Summary

The Locations Summary option will store all admission, discharge, and transfer information entered through ADT Functions.

Select **Web Client > System Menu > Hospital Base Menu > Patient Account # > Census > Misc Options > Locations Summary**

| Date | Time | Action | Previous Location | Previous Nurs... | New Location | New Nursing St... | Days | Hours | Mins | UBL | Reason |
|------------|-------|--------|-------------------|------------------|--------------|-------------------|------|-------|------|---------|--------|
| 05/13/2024 | 12:50 | ADMIT | | | ER-17 | 012 | 0 | 0 | 0 | jkp1619 | |
| 05/13/2024 | 12:51 | DISCH | | | ER-17 | 012 | 0 | 0 | 1 | jkp1619 | |

Census - Locations Log

- **Date:** Date the change was made
- **Time:** Time the change was made
- **Action:** Description of the change made
- **PrevRoom (Previous Room):** Room assigned to the patient prior to the change
- **PrevNS (Previous Nursing Station):** Nursing station assigned to the patient's room prior to the change
- **PrevAcc (Previous Accommodation Code):** Accommodation code assigned to the patient account prior to the change
- **NewRoom (New Room):** Room assigned to the patient after the change
- **NewNS (New Nursing Station):** Nursing station assigned to the patient's room after the change
- **NewAcc (New Accommodation Code):** Accommodation code assigned to the patient account after the change
- **Days:** Pulls the number of days between the patient's most recent admit date and the current change
- **Hours:** Pulls the number of hours between the patient's most recent admit time and the current change
- **Mins (Minutes):** Pulls the number of minutes between the patient's most recent admit time and the current change
- **UBL (User Based Login):** User Based Login of the employee making the change
- **Transfer Reason:** Brief explanation of why the patient was transferred or the method used for the change i.e. Change Admit or Change Stay Type

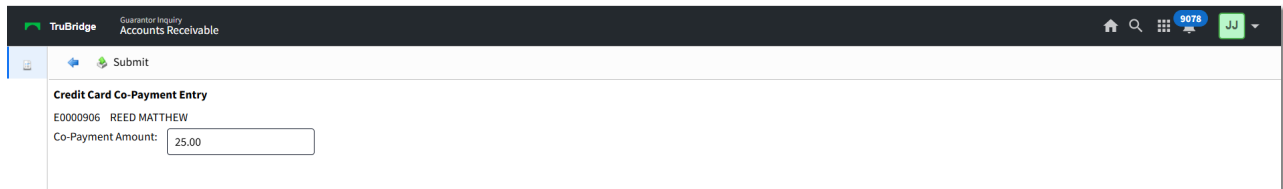
NOTE: When an Admit or Discharge is Reversed, the entry and the reversing entry will be highlighted in red indicating a change.

Payment Entry

The Payment Entry option will allow co-payments to be entered if the patient is using a credit card or electronic check.

NOTE: This option is active for facilities that have purchased the 1-Pay application. Additionally, users will need access to the Credit Card Payment application to use this option.

Select **Web Client > System Menu > Hospital Base Menu > Patient Account # > Census > Misc Options > Payment Entry**

The screenshot shows the 'Credit Card Co-Payment Entry' form. At the top, there's a header with 'TruBridge' and 'Guarantor Inquiry Accounts Receivable'. Below the header, there's a 'Submit' button. The main form area contains the text 'Credit Card Co-Payment Entry', followed by 'E0000906 REED MATTHEW'. Below that, there's a 'Co-Payment Amount:' label and a text input field containing '25.00'.

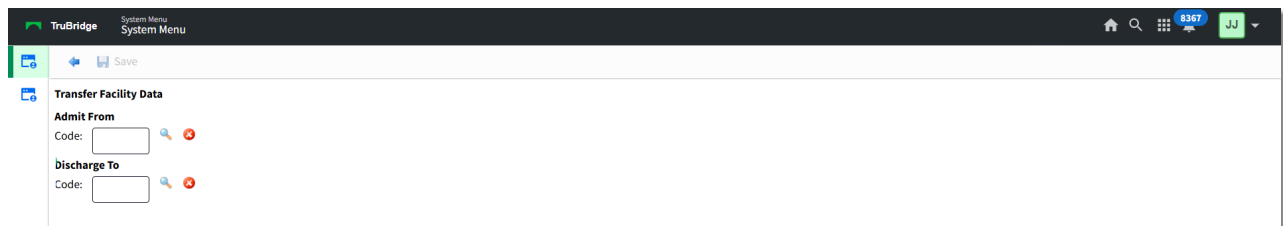
Credit Card Co-Payment Entry

Users will enter the amount in the Co-Payment Amount field and then select  **Submit**. Once submit is selected, the 1-Pay portal will launch to continue with entering payment details.

Transfer Facility Data

The Transfer Facility Data screen allows "transferred from facility" data and "discharged to facility" data.

Select **Web Client > System Menu > Hospital Base Menu > Patient Account # > Census > Misc Options > Transfer Facility Data**

The screenshot shows the 'Transfer Facility Data' form. At the top, there's a header with 'TruBridge' and 'System Menu System Menu'. Below the header, there's a 'Save' button. The main form area contains the text 'Transfer Facility Data'. Below that, there are two sections: 'Admit From' and 'Discharge To'. Each section has a 'Code:' label and a text input field. To the right of each input field, there's a magnifying glass icon and a red 'X' icon.

Transfer Facility Data

In the **Admit From** field, select the **magnifying glass** to display a listing of facilities the patient was transferred from. In the **Discharge To** field, select the **magnifying glass** to display a listing of facilities the patient was discharged to.

NOTE: *The facilities listed on the look-up screen pull from the Referring Facility table.*

Chapter 7 Miscellaneous Registrations

7.1 Overview

Many registrations do not fall into the typical inpatient or outpatient category. This section explains how to complete registrations on accounts such as observation, recurring, long term stay and others.

7.2 Register an Observation Patient

Observation patients may be handled two ways in Web Client. When registered, an observation patient may be entered as an inpatient or as an outpatient. Depending on this choice, further instructions will vary. Note that both methods are correct, however once a method is chosen all observations must be handled this way. The following are procedures for both methods.

Register an Observation Patient as an Inpatient

1. Register as an inpatient (Stay Type 1).
2. Admit to correct room with an Observation accommodation code. See note regarding accommodation code.
3. If patient is discharged within the observation time period:
 - a. Reverse the admission.
 - b. Change the Stay Type from inpatient to outpatient.
 - c. Enter Admit and Discharge dates on the Stay tab on the Registration and ADT screen.
 - d. Correct the Financial Class on the Guarantor/Ins tab on the Registration and ADT screen.
 - e. Enter an observation fee via Patient Charging.
4. If patient is admitted:
 - a. Reverse the admission.
 - b. Admit to correct room with a Standard accommodation code.
 - c. Enter room charge if necessary.

Register an Observation Patient as an Outpatient

1. Register as an outpatient (Stay Type 2).
2. Remove Admit and Discharge dates on the Stay tab on the Registration and ADT screen.
3. Admit to correct room with an Observation accommodation code. See note below regarding accommodation code.
4. If patient is discharged from observation and auto-calculate observation charges is not being utilized, enter an observation fee via Patient Charging.

5. If patient is admitted:
 - a. Reverse the admission.
 - b. Change the Stay Type from outpatient to inpatient.
 - c. Correct Financial Class on the Guarantor/Ins tab on the Registration and ADT screen.
 - d. Admit to correct room with a Standard accommodation code.

NOTE: An accommodation code with a zero room rate must be set up in the Accommodation Code table as an Observation accommodation code. Also, items may need to be set up in the Item Master if charging will be done by the hour.

Register an Observation Patient using Auto Observation

If AHIS, page 8 is set to apply Observation charges automatically when the patient is discharged, the following steps should be followed.

1. Register as an outpatient (Stay Type 2).
2. Remove Admit and Discharge dates on the Stay tab on the Registration and ADT screen.
3. Admit to correct room with an Observation accommodation code. See note regarding accommodation code.
4. At discharge, if auto-calculate observation charges is being utilized, the system will prompt, "Apply Observation Charges?". Answering with a **Yes** will automatically post a room charge on the patient's account for the number of hours the patient has been admitted.
5. If patient is admitted:
 - a. Using the Transfer option, change the accommodation code prior to reversing the admission. Transferring the patient to a different accommodation code will cause the system to prompt, "Apply Observation Charges?". Answering with a **Yes** will automatically post a room charge on the patient's account for the number of hours the patient has been admitted.
 - b. Reverse the admission.
 - c. Change the Stay Type from outpatient to inpatient.
 - d. Correct Financial Class on the Guarantor/Ins tab on the Registration and ADT screen.
 - e. Admit to correct room with a Standard accommodation code.

7.3 Register a Recurring Physical Therapy Patient

Register a Recurring Physical Therapy Patient

Register all Physical Therapy patients using the designated Stay Type.

Depending on what type of statements a site wants to send their Physical Therapy patients, enter **5** or **6** in the Cycle Code field on the Guarantor/Ins tab.

Remove the discharge information on the Stay tab on the Registration and ADT screen.

On the Stay tab on the Registration and ADT screen, under Accident/Therapy/Treatment, select the therapy code in the Place field and the date therapy began in the Date field using the MMDDYYYY format.

Therapy patients will receive either long-term statements when cycle 5 statements are run or data mailers when cycle 6 statements are run. Once a cycle 6 patient receives a Discharge Date, the system will automatically change the Cycle Code to the current cycle during the next statement run.

If the Therapy patient is covered by insurance, it is recommended that a recurring Financial Class, such as MBR, XBR, CBR, etc. be used. This will allow a specific recurring class (**R) to be used when running Create Claims By Charge Period at month end.

It is recommended that the patient retain the same account until therapy is completed. This will cause insurance to be billed more accurately and reduces any unnecessary work.

Register a Long-Term Patient

Long-term patients are typically registered with an Inpatient Stay Type selected by the facility and a cycle code of 5 during the registration process. Entering **5** on the Guarantor/Ins, in the Cycle Code field, causes a Long-Term detailed monthly statement to be generated. The LT – STMT SUMM Y/N field on page 4 of AHIS will control whether the long-term statement prints in a summarized or detailed format.

TruBridge also recommends that Extended Care Financial Class codes, such as MEC, XEC, etc., be assigned to long-term patients. The month-end billing process of "Create Claims by Charge Period" is used for long-term patients, just as with recurring physical therapy patients. Enter "**EC" to create claims for those financial classes that end with "EC". (The "*" is used to wildcard financial classes.)

7.4 Temporary Registration

To allow the Ancillary departments to schedule future patient appointments as outside calls are received or place orders on specimens received, the Temporary Account Registration option may be used before the patient arrives to the facility. The temporary account is created with the following information: Patient Name, Birth Sex, Birth Date, Physician Number, Phone Number, Service Date, Stay Type, Sub Type, Contract Billing Code and Initials of the Registrar.

Once accounts are registered as a Temporary Account, the Temporary registration status is displayed when the account is accessed. When the patient arrives, the registration must be completed on the temporary account, removing the temporary status. Please refer to the [Temporary Registration](#) User Guide for more information.

Register a Temporary Account from the Person Profile

To register a temporary account for a patient previously seen in the facility, search for the patient through the Profile Listing.

After selecting the correct profile listing the person profile for that patient will display. Select **Create Temp Visit**.

NOTE: If turned on in the Pt. Main table, a previously scanned Chartlink Photo will display when **Create Temp Visit** is selected. The Image Verification Screen will display for confirmation of the patient's identity.

NOTE: When creating a temporary visit, if the patient has an existing visit with the same expect date or admit date, the system will prompt "Patient already has account XXXXXXXXXXXX for today's date of service. Continue?" Answer **Yes** to continue and create the temporary visit. Answer **No** to not create a temporary visit. If the prompt is answered **No**, the system will go back to the Hospital Base Menu.

Temporary Patient Registration Screen

Enter **1** and press Enter to auto-assign the next available account number. The Patient Name, Sex, Birth Date, Phone Number, Social Security Number, Medical Record Number, Guarantor information and Insurance Coverage will be copied from the selected profile to the Temporary Patient Registration Screen.

Select Web Client > System Menu > Hospital Base Menu > Profile Listing > Enter Patient Name > Select Patient > Create Temp Visit > Temporary Patient Registration

The screenshot shows the 'Patient Functions - Temporary Patient Registration' form. The patient information is as follows:

| Field | Value |
|-----------------------|--------------------------------|
| Patient Number | 359066 |
| Patient Name | REED GRACE ELLEN |
| Birth Sex | F |
| Birth Date | 06/19/1943 (80 YEARS) |
| Physician | 100000 (BROWNA) |
| Phone Number | 251-789-4125 |
| Service Date | 05/16/24 |
| Patient Type | 3 (E.R.) |
| Subtype | |
| Service Code | ER (EMERGENC) |
| Contract Billing Code | |
| Financial Class | BB (BLUE CROSS BLUE SHIELD OP) |
| Report Location | |
| Social Security No. | 111-88-9696 |
| MR Number | 000312 |
| Initials | XXX |

Guarantor information:

| Field | Value |
|---------------------|------------------|
| Guarantor Name | REED GRACE ELLEN |
| Guarantor SSN | 111-88-9696 |
| Guarantor Address 1 | 9118 PINE STREET |
| Guarantor Address 2 | |
| Guarantor City | MOBILE |
| Guarantor State/Zip | AL 000036695 |

Insurance coverage selection:

| Select | Code | Insurance Name | Primary |
|-------------------------------------|------|-----------------------|---------|
| <input type="checkbox"/> | B | BCBS OF ALA - I/P | Y |
| <input checked="" type="checkbox"/> | BB | BLUE CROSS OF ALA-Q/P | Y |

Patient Functions-Temporary Patient Registration

Make any necessary changes or additions to the displayed patient information.

Listed below is an explanation of each field:

- **Patient Name:** Enter the patient's name in Last, First, Middle Name order. Do not use any punctuation.
- **Birth Sex:** Enter **M** for male, **F** for female or **U** for unknown.
- **Birth Date:** Enter the patient's Birth Date in MMDDYYYY format. For example, September 30, 1969, should be entered as 09301969. Once the date is entered, the age will calculate and appear to the right.
- **Physician:** Enter the patient's attending physician. A lookup window is available.

NOTE: If a physician number that has been inactivated is manually entered in the Physician field, the message "Inactive Physician" will display, and the field will revert back to its original state.

- **Phone Number:** Enter the area code and phone number. Do not use any punctuation marks.
- **Service Date:** Enter the date of service in MMDDYYYY format. This will default to today's date.
- **Patient Type:** Enter the patient's Stay Type.
- **Subtype:** Enter the patient's Sub Type. A lookup window is available.

- **Service Code:** Enter the service code that best describes the patient's visit. To display a listing of service codes select the magnifying glass or enter a question mark (?) to see the listing. Select the correct service code.

NOTE: A temporary patient registration should mainly be used for outpatients that need a visit number. Inpatients should be entered by selecting the appropriate profile listing and creating a visit.

- **Contract Billing Code:** For contract accounts, select the Contract Billing Code that represents the company that has a contract with the facility. A lookup window is available.
- **Financial Class:** Enter the Financial Class Code that represents the patient's primary insurance carrier.
- **Report Location:** This field is used for automatic report distribution. Once a report location is assigned, it will display on the Ancillary Patient Functions screen, field E, and be utilized in Ancillary Report Distribution. A lookup window is available.
- **Social Security No.:** Enter the patient's Social Security Number. Do not use any punctuation marks.
- **Film Number:** Enter the patient's Film Number. Do not use any punctuation marks.

NOTE: If the Radiology department is tracking by MR# rather than Film#, the MR# will pull to this field. See the Radiology table, field 1, in the Business Office Tables.

- **MR Number:** Enter a Medical Record number. For Medical Record numbers that are assigned automatically by the system, select the **NEW** button or enter a question mark (?). A message will appear that states "About to assign a new Med Rec Number. Do you wish to continue?" If **Yes** is selected, the system will assign the next available medical record number loaded in AHIS page 5, Automatic MR#. If **No** is selected, the cursor will remain in the medical record number field.
- **Initials:** The initials of the person entering the temporary registration information should be entered. If utilizing employee sign on, the initials will pull automatically for that employee.
- **Guarantor Name:** Enter the Guarantor's name in Last, First, Middle name order. Do not use any punctuation.
- **Guarantor Address 1:** Enter the Guarantor's street address.
- **Guarantor Address 2:** Enter the Guarantor's apartment number or P.O. Box.
- **Guarantor City:** Enter the Guarantor's city.
- **Guarantor State/Zip:** Enter the Guarantor's state and five or 9-digit zip code.
- **Guarantor SSN:** Enter the Guarantor's Social Security Number. Do not use any punctuation marks.
- **Restrict Payer Disclosure:** If selected, the Fin Class field will auto populate **P** for Private Pay. The insurance coverages listed will no longer be active for selection.

- **Select insurance coverage for this visit:** Select each insurance that will apply to this visit. Insurance information would only be listed if the Temporary Registration is created using an existing profile.

NOTE: For insurances selected from the Person Profile the insurance company's Name, Address-1, Address-2, City, State and Zip Code will copy from the Person Profile instead of the Insurance Company Table.

Select **Complete** once the patient's information is entered.

Select **Delete** to delete the temporary account entry. The cursor will return to the account number field on the Hospital Base Menu.

NOTE: This registration is not considered complete and must be completed through the Registration and ADT screen as soon as possible.

Register a Temporary Account from the Hospital Base Menu

A temporary visit may be entered from the Hospital Base Menu. Select Temporary Account Registration and the temporary patient registration screen will display.

Select **Web Client > System Menu > Hospital Base Menu > Temporary Account Registration**

The screenshot displays the 'Patient Functions - Temporary Patient Registration' screen. The top navigation bar includes 'System Menu', 'TruBridge Community Hospital', and 'Signed On Emp: XXX Dept: 058'. The main form contains the following fields and values:


- Patient Number: 359066 (with 'Complete' and 'Delete' buttons)
- Patient Name: REED GRACE ELLEN
- Birth Sex: F
- Birth Date: 06/19/1943 (80 YEARS)
- Physician: 100000 BROWNA
- Phone Number: 251-789-4125
- Service Date: 05/18/24
- Patient Type: 3 E.R.
- Subtype: (empty)
- Service Code: ER EMERGENC
- Contract Billing Code: (empty)
- Financial Class: BB BLUE CROSS BLUE SHIELD OP
- Report Location: (empty)
- Social Security No.: 111-88-9696
- MR Number: 000312 (with 'New' button)
- Initials: XXX
- Guarantor Name: REED GRACE ELLEN
- Guarantor SSN: 111-88-9696
- Guarantor Address 1: 9118 PINE STREET
- Guarantor Address 2: (empty)
- Guarantor City: MOBILE
- Guarantor State/Zip: AL 000036695
- Restrict Payer Disclosure: (unchecked)

The 'Select insurance coverage for this visit' table is as follows:

| Select | Code | Insurance Name | Primary |
|-------------------------------------|------|-----------------------|---------|
| <input type="checkbox"/> | B | BCBS OF ALA - I/P | Y |
| <input checked="" type="checkbox"/> | BB | BLUE CROSS OF ALA-O/P | Y |

Patient Functions - Temporary Patient Registration

When the option to create a temporary account is selected from the Hospital Base Menu, the Temporary Patient Registration screen will be blank. A profile should then be chosen by selecting

the  **magnifying glass icon** next to Patient Name. If no profile is found under the profile listing then the new patient information should be entered. Refer to the [Temporary Patient Registration Screen](#) ¹⁵² section regarding how the information should be entered.

If the Social Security Number is entered for a patient, the system will prompt that the Social Security Number is already issued to another patient, if AHIS page 7 is answered **Yes** for Check Duplicate Numbers for SSN. Answer **Yes** to attach the temporary visit to that profile. The patient name, sex, birth date, phone number, Social Security number, MR number and guarantor information will pull to the temporary visit. Answer **No** to not attach the temporary visit to that profile. If a profile does not exist, when Temporary Account Registration is Complete, a Profile will be created for the patient. A Profile will also be created for the Guarantor.

After the temporary registration account is created and **Complete** is selected, the Patient Functions screen will display. From this screen, orders may be placed on the patient's account from an ancillary department. The following warning displays at the top of the Patient Functions screen any time a temporary account is accessed: "Temporary Account Warning! Registration Needs to be completed"

NOTE: If turned on in the Pt. Main table, a previously scanned Chartlink Photo will display when **Complete** is selected. The Image Verification Screen will display for confirmation of the patient's identity.

NOTE: When creating a temporary visit, if the patient has an existing visit with the same expect date or admit date, the system will prompt "Patient already has account XXXXXXXXXXXX for today's date of service. Continue?" Answer **Yes** to continue and create the temporary visit. Answer **No** to not create a temporary visit. Once the prompt is answered **No**, the system will go back to the Hospital Base Menu.

Make a Temporary Account a Permanent Account

When the patient arrives for service, the temporary account should be converted to a permanent account by following these steps:

Search for the temporary account by selecting **Patient List** at the top of the Hospital Base Menu or Master Selection Screen. When the desired name is displayed, the Account Status will display "Temp Acct" with an expected service date, as shown below.

Select Web Client > System Menu > Hospital Base Menu > Patient List > Current Patients > Enter Patient Name

System Menu
System Menu

TruBridge Community Hospital

Signed On Emp: XXX Dept: 058

Hospital Administration

Patient List

Search: ☐ All Patients ☒ Current Patients ☐ My Patients ☐ Master Patient Index ☐ Patients with Held CL Orders

Search By: Enter Patient Name:

| Patient Name | Acct. # | Account Status | Birthdate | Admit Date | Discharge |
|------------------|---------|-------------------------|------------|------------|-----------|
| REED GRACE ELLEN | 358118 | Dischg (H) 03/11/2024 2 | 06/19/1943 | 08/29/2018 | 03/11/ |
| REED GRACE ELLEN | 358166 | Curr Admit 07/01/2019 2 | 06/19/1943 | 07/01/2019 | |
| REED GRACE ELLEN | 359051 | Dischg (H) 04/17/2024 3 | 06/19/1943 | 04/17/2024 | 04/17/ |
| REED GRACE ELLEN | 359064 | Dischg (H) 05/13/2024 3 | 06/19/1943 | 05/13/2024 | 05/13/ |
| REED GRACE ELLEN | 359067 | Temp Acct 05/16/2024 3 | 06/19/1943 | | |
| REED GRACE ELLEN | B01226 | Curr Admit 03/26/2021 5 | 06/19/1943 | 03/26/2021 | |
| RHODES CHRIS B | 358780 | Curr Admit 02/26/2024 1 | 07/11/1980 | 02/26/2024 | |
| RHODES CHRIS B | 358845 | Dischg (H) 03/25/2024 2 | 07/11/1980 | 03/04/2024 | 03/25/ |
| RHODES CHRIS B | 358889 | Dischg (H) 03/12/2024 1 | 07/11/1980 | 03/08/2024 | 03/12/ |
| RHODES CHRIS B | 358894 | Dischg (H) 03/11/2024 2 | 07/11/1980 | 03/11/2024 | 03/11/ |
| RHODES CHRIS B | 358965 | Dischg (H) 03/25/2024 3 | 07/11/1980 | 03/21/2024 | 03/25/ |

First Time Temp

Column Maintenance

Patient List

The patient may also be searched through the MPI search indexes. When the patient's account is located, select the account. Once the account is accessed, the Master Patient Index screen appears with a listing of the patient's accounts. The temporary account status is indicated in the "Admit Date" column, as shown below.

Select **Web Client > System Menu > Hospital Base Menu > Patient List > Master Patient Index > Enter Patient Name**

System Menu
System Menu

TruBridge Community Hospital
Signed On Emp: XXX Dept: 058

Accou Administration
Name: R
Master Patient Index

TEMPORARY
Patient A

Name: REED GRACE ELLEN
Address: 9118 PINE STREET
MOBILE, AL 36695

Birthdate: 06/19/1943
Social Security #: 111-88-9696

| Number | Name | Disch. Date | Stay | Admit Date | MR Number | SSN | Birthd |
|--------|------------------|-------------|------|------------|-----------|-------------|--------|
| 359067 | REED GRACE ELLEN | PRE-ADM | 3 | TMP TODAY | 000312 | 111-88-9696 | 06/19/ |
| 359064 | REED GRACE ELLEN | 72H 5/13/24 | 3 | 05/13/2024 | 000312 | 111-88-9696 | 06/19/ |
| 359051 | REED GRACE ELLEN | 04/17/2024 | 3 | 04/17/2024 | 000312 | 111-88-9696 | 06/19/ |
| 358118 | REED GRACE ELLEN | 03/11/2024 | 2 | 08/29/2018 | 000312 | 111-88-9696 | 06/19/ |
| 358117 | REED GRACE ELLEN | 11/29/2022 | 3 | 11/29/2022 | 000312 | 111-88-9696 | 06/19/ |
| 358253 | REED GRACE ELLEN | 06/10/2022 | 2 | 06/10/2022 | 000312 | 111-88-9696 | 06/19/ |
| 357986 | REED GRACE ELLEN | 10/22/2019 | 3 | 10/22/2019 | 000312 | 111-88-9696 | 06/19/ |
| 358174 | REED GRACE ELLEN | 10/04/2019 | 3 | 10/04/2019 | 000312 | 111-88-9696 | 06/19/ |
| 358169 | REED GRACE ELLEN | 09/26/2019 | 1-10 | 09/25/2019 | 000312 | 111-88-9696 | 06/19/ |
| 358171 | REED GRACE ELLEN | 09/26/2019 | 2 | 09/26/2019 | 000312 | 111-88-9696 | 06/19/ |
| 358170 | REED GRACE ELLEN | 09/23/2019 | 3 | 09/23/2019 | 000312 | 111-88-9696 | 06/19/ |
| 358160 | REED GRACE ELLEN | 06/18/2019 | 3 | 06/18/2019 | 000312 | 111-88-9696 | 06/19/ |
| 358153 | REED GRACE ELLEN | 04/02/2019 | 2 | 04/02/2019 | 000312 | 111-88-9696 | 06/19/ |

Account Detail
Add to My Patients

All Accts Results
Mammography

Clinical Notes
Clinical History

Same MR Number
New Temp Acct

Same XR Number
Same SS Number

Next Account

Master Patient Index

Select the temporary account and the Patient Functions screen will display. The following warning displays in red at the top of the Patient Functions screen: "Temporary Account Warning! Registration Needs to be completed." Select Person Profile to access the profile attached to this account.

Select **Web Client > System Menu > Hospital Base Menu > Patient List > Master Patient Index > Enter Patient Name > Select Patient**

System Menu
System Menu

TruBridge Community Hospital
Signed On Emp: XXX Dept: 058

Accounts Receivable - Patient Functions

Name: REED GRACE ELLEN Account: 359067 Current Name: REED GRACE ELLEN

TEMPORARY ACCOUNT

WARNING! Registration Needs to be completed

Patient Accounting

- Census
- Patient Charging - General
- Medical Records
- Insurance
- Receipts
- Temp Account Maint
- Patient Data
- Patient Account Note
- Referring Data
- Transaction Entry
- Review and Delete
- Patient Terms
- Patient Responsibility
- Note Entry/Changes
- Insurance Tickler System
- Charity Care and Collections

Patient Accounting (Cont)

- Collection Tickler System
- Pat Charging - By Dept
- Person Profile

Displays

- Account Detail
- Account Summary
- Account Status
- Patient Information
- Locations Summary

Other Functions

- Electronic File Management
- IRF - PAI
- Electronic Forms
- Appointment Scheduling
- Contract Management

Print Options

- Admission Form
- Emergency Room Form
- Emboss Card
- Adult Admission Labels
- Juvenile Admission Labels
- Labels
- Account Detail

Accounts Receivable - Patient Functions

Select Person Profile from the Patient Functions screen. All information missing from the profile should be entered for the selected patient. Once the profile is complete, the temporary account should be selected and reviewed. After all registration information is entered on the temporary



account, select the back arrow icon. When exiting the patient registration, the system will prompt, "Registration Complete?". Select **Yes** to change the temporary account to a permanent status. Select **No** to leave the patient account at the temporary status.

Registration Complete

When exiting the account, the prompt “Registration Complete?” should only be answered **Yes** once all registration information has been entered. The warnings will no longer display and this account will no longer appear on the Temporary Registrations Incomplete Register or Exceptions Report. It is very important that all information be gathered and entered before answering **Yes**. It is also imperative that the temporary registration reports be run daily to verify that all accounts are being completed in a timely manner.

NOTE: When completing registration for a new patient, any changes needed regarding the patient name, address or medical record number should be made through the mass change option on the person profile. When this option is used these changes will apply not only to the profile but to all past visits.

7.5 Call Referral System

The following material documents the setup that is required to successfully implement the Call Referral System. This software gives the ability for a facility to enter information on referrals, and to also track the number of calls per referral source and the number of cases admitted. Additionally, pertinent demographic information will copy into the Registration and ADT screen. For those cases that are not admitted, the call referral information will purge after a facility-defined amount of time. The fields within the Call Referral System are also available in the Ad Hoc Application.

Setup

There are several table changes that are required in relation to the Call Referral System. The first change is in the AHIS Control Record.

Select Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > AHIS > Page 8

AHIS Control Record Page 8

Company name for Clinical Reports:

Auto Calculate 23-Hour Observation Charges: ☒ (Y/N) Round Hour: (Y/N)

Accommodation codes that identify observation patients:

Observation charge for the first hour(s)?

Observation charge for each additional hour?

Item number to use for 23-Hour Observation Charges:

| Alt Radiology Charge #s: | | |
|--------------------------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Last AR Notes Number:

Ins. Verification Program:

Ins. Verification Dept Num.:

Use Remove Collect Code Prompt? Y/N: ☒

Ins Tickler Notes to Account Detail? Y/N: ☒

Copy Guarantor Info to Ins. Subscriber?

Bold Statement Messages? Y/N: ☒

Auto Charging for OR Mgt? Y/N: ☐

Clinical History Reverse Chronological: ☒

A/R Auto Close Days/Months: ☒ (Y/N) Lag Days:

Print 1ST Time Stmts: M ☒ B ☒ C ☒ W ☒ S ☒ (Y/N/P)

Use Call Referral System? ☒ Stay type? # Of Days to Keep:

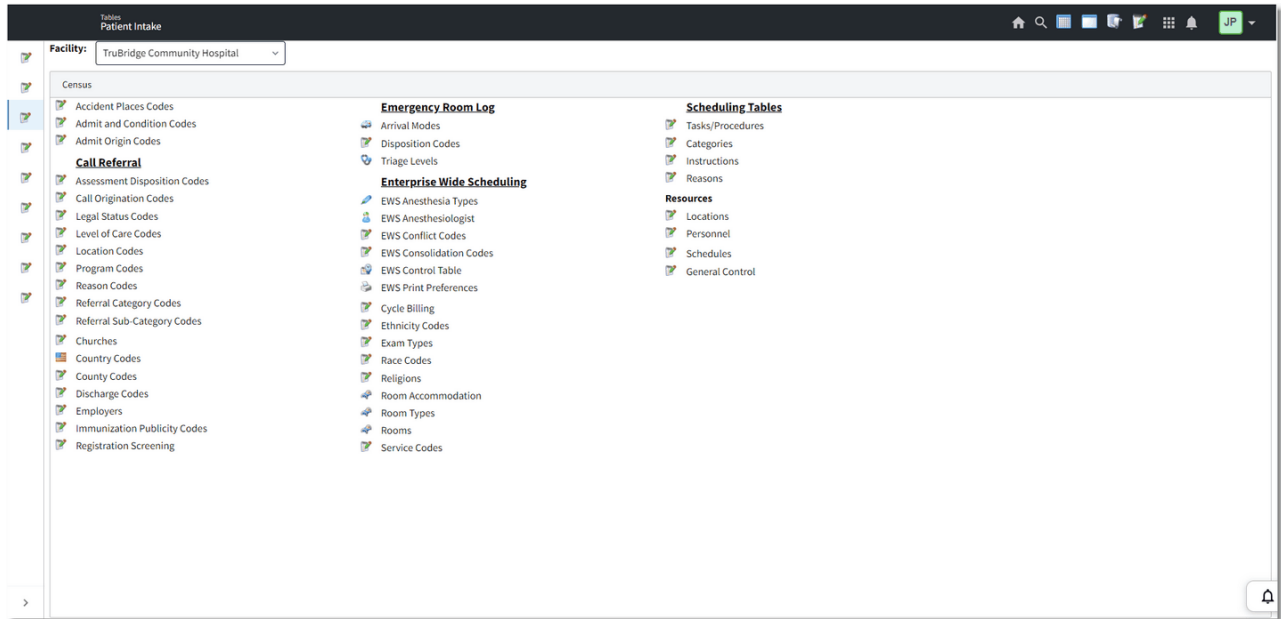
AHIS Control Record, Page 8

- **Use Call Referral System:** Enter **Y** to turn on the Call Referral System.
- **Stay Type:** Enter the Stay Type to be used for the Call Referral System.
- **# Of Days to Keep:** Enter the number of days that information will remain in the Call Referral System.

Prior to utilizing the Call Referral System from the Hospital Base Menu, codes must be setup in the Call Referral tables in Table Maintenance. The Call Referral tables each contain Code and Description fields. The Codes may be alpha and/or numeric and range from one to four characters. The Description field for each option is up to 25 characters in length, with the exception of the Assessment Disposition Table, which are 20 characters in length.

Enter the codes and descriptions in each of the nine tables below:

Select **Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Table Maintenance > Patient Intake**



Call Referral Table Maintenance


Register a Call Referral


To register a call referral from the Hospital Base Menu, select **Call Referral Registration**.


The system will prompt, “Do you wish to enter a new call?” When answered **No** the system will return to the Hospital Base Menu. If answered **Yes** the following screen will be displayed.

Select **Web Client > System Menu > Hospital Base Menu > Call Referral Registration**





Call Referral, Caller



- **Patient Account:** Enter **1** and press Enter to auto-assign the next available account number.
- **Call Date/Time:** The system will default to the current date and time, but may be over-keyed. A future date will not be accepted.
- **Call Type:** Enter call type. This is a facility-defined field and does not have a lookup option.
- **Call Taken By:** Enter the initials of the employee taking the call.
- **Call Origination:** Enter the Call Origination Code. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing. The listing will display the codes setup in the Call Origination Code table found under the call referral table.
- **Caller Name:** Enter the name of the caller.
- **Relation to Patient:** Enter the relation of the caller to the patient. A lookup window is available.

Select the  **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct Relationship Code.

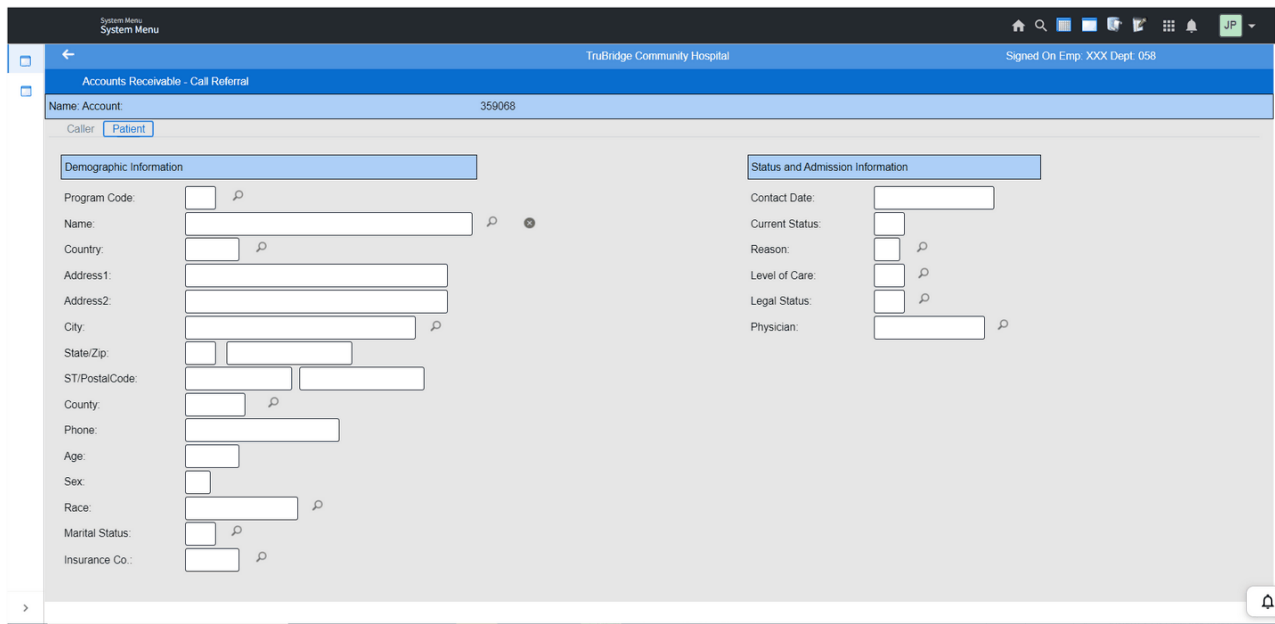
- **Address1:** Enter the caller's street address or Post Office Box Number.
- **Address2:** Enter the caller's apartment name and/or number.
- **City:** Enter the city in which the caller resides. A lookup window is available. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct city.
- **County:** Enter the county in which the caller resides.
- **State/Zip:** Enter the state/zip in which the caller resides.
- **Phone:** Enter the area code and phone number. Do not use any punctuation marks.

Call Assessment Information


- **Assessment Disposition:** Enter the Assessment Disposition Code. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing. The listing will display the codes setup in the Assessment Disposition Table found under the call referral table..
- **Scheduled By:** Enter the initials of the employee who scheduled the call.
- **Scheduled Date/Time:** Enter the call assessment date/time.
- **Location:** Enter the Location Code of the call assessment. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing. The listing will display the codes setup in the Location Code Table.
- **Completed By:** Enter the initials of the employee who completed the call assessment.
- **Completed Date/Time:** Enter the completed date/time of the call assessment.
- **Duration Hours/Minutes:** Enter the duration of the call assessment in hours and minutes.
- **Referral Category:** Enter the Referral Category code. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing. The listing will display the codes setup in the Referral Category Table found under the call referral table. .
- **Referral Sub-Category:** Enter the Referral Sub-category code. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing. The listing will display the codes setup in the Referral Sub-category Table found under the call referral table.
- **P. A. T. Assessment:** Enter **Y** if a P.A.T. assessment has been made, or enter **N** if there has been no assessment.
- **Notes:** This is a facility-defined field for additional assessment notes.


Select the Patient tab or the  arrow icon at the bottom of the screen to continue the registration or select the  back arrow icon at the top of the screen to exit.


Select **Web Client > System Menu > Hospital Base Menu > Call Referral Registration > Patient**



Call Referral, Patient





- **Program Code:** Enter the Program Code. Select the  magnifying glass icon or enter a question mark (?) to see the listing. The listing will display the codes setup in the Program Code Table found under the call referral table.

- **Name:** Select the  magnifying glass icon or enter a question mark (?) to see the profile listing. Select the correct person profile. The name, country, address, city, state, zip, phone, age, sex, race and marital status will pull over from the profile to the demographic information. If the patient is not found under the profile listing then enter the patient's last name, first name and middle initial in uppercase letters. No punctuation should be used. Patients with a title such as "JR" or "MD" should be entered after the patient's middle initial. If a profile was not selected then one will be created using the demographic information entered.


- **Country:** Enter the country where the patient resides. Select the  magnifying glass icon or enter a question mark (?) to see the listing.


- **Address1:** Enter the patient's street address or Post Office Box Number.


- **Address2:** Enter the patient's apartment name and/or number.


- **City:** Enter the city in which the patient resides. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct city.
- **State/Zip:** Enter the state and the five or 9-digit zip code. Do not use any punctuation.
- **ST/PostalCode:** Enter the state and the Postal Code. Do not use any punctuation. This field will only display if the Country field has anything other than "US" loaded.
- **County:** Enter the county in which the patient resides. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing.
- **Phone:** Enter the area code and phone number. Do not use any punctuation marks.
- **Age:** Enter the age of the patient.
- **Sex:** Enter **M** for male, **F** for female or **U** for unknown.
- **Race:** Enter the patient's race. This field will accept up to 10 alpha/numeric characters that are facility-defined. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing. Select the correct race.
- **Marital Status:** Enter one of the following hard-coded marital status codes for the patient:
 - **S** - Single
 - **M** - Married
 - **D** - Divorced
 - **W** - Widowed
 - **X** - Separated
 - **U** - Unknown
 - **P** - Life-Time Partner
- **Insurance Co:** Enter the Financial Class code that represents the patient's primary insurance carrier. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing.


Status and Admission Information

- **Contact Date:** Enter the contact date.
- **Current Status:** Enter the current status code.
- **Reason:** Enter the reason for the call referral. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing. The listing will display the codes setup in the Reason Code Table found under the call referral table..

- **Level of Care:** Enter the level of care the patient is to receive. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing. The listing will display the codes setup in the Level of Care Table found under the call referral table.

- **Legal Status:** Enter the legal status of the patient. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing. The listing will display the codes setup in the Legal Status Table found under the call referral table.

- **Physician:** Enter the patient's primary physician. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing.

Select the  back arrow icon at the top of the screen to exit.

Exiting before completing all fields or pages of the Call Referral will cause a warning to appear stating "All fields have not been completed. Continue?".

If answered **No**, the system will return to the Caller tab for completion of the Call Referral.

If answered **Yes** the patient functions screen will display and a warning message will appear "Call Referral Account Warning! Registration Needs to be Completed!". If an existing profile was chosen during the call referral process, then the Census option should now be chosen and registration should be completed. If a new patient was entered during the call referral process, then the person profile option should be selected on the patient functions screen. The profile should then be updated with the correct patient information. After updating the profile, select the call referral account and complete registration.

Once the Call Referral screens are completed for an account, pertinent fields will copy over into the Registration and ADT screen. The Call Ref field on the Stay tab on the Registration and ADT screen will be marked with a **Y**. A prompt will appear, "Registration Complete?". Select **Yes** if all information has been entered on this account. Selecting **Yes** will change the Call Ref field on the Stay tab to **N**. Select **No** if more information is needed.

7.6 Releasing Future Orders

Future Orders may be ordered as Hospital Orders from TruBridge Provider EHR. These Future Orders will be released when the patient presents to the hospital for the procedures on the same visit number or a new visit may be created. Please refer to the Releasing Future Orders from Profile section of the [Future Orders](#) document for additional information on releasing Future Orders.

7.7 Ebola Virus Initial Screening Questionnaire

The Ebola Virus Initial Screening Questionnaire may automatically display during the registration process if desired. This will only display if Ebola Virus Initial Screening has been activated in the Registration Screening table. If the facility is using the Documentation application, the questionnaire will display in a multi-clinician document. For facilities not using the Documentation application, the questionnaire will display in an Eform.

Once a new visit has been created, the questionnaire will display. Once each question has been addressed, select **Update** from the action bar to continue with the registration process.

NOTE: If using Eforms, select the Save icon to continue with the registration process.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > OK**

The screenshot shows a web application window titled "Ebola Virus Initial Screening" with a timestamp of "09/28/2016 14:44". The interface includes a top navigation bar with buttons like "Update", "Prev", "Next", "Charting Options (2)", "Repeat Questions", "Amend", "Amend Options", "Change Date/Time", "Pending (0)", "All PE", "Show More", "Quick Add", and "Save Defaults". On the left, a "Sections" sidebar lists "Ebola Screening". The main content area is titled "EBOLA SCREENING" and contains the following sections:

- Does Patient Have a Fever:** Radio buttons for "Yes, 100.4 F (38.0 C) or greater", "Yes, per patient", "No", and "Unknown". A "Not Answered" option is also present.
- Patient Symptoms:** Checkboxes for "None", "Headache", "Muscle pain", "Weakness", "Abdominal pain", "Diarrhea", "Vomiting", and "Hemorrhage". An "Other" text input field is provided.
- Potential of Ebola Virus:** Checkboxes for "No known exposure", "Traveled to Sierra Leone, Liberia or Guinea in the last 21 days", "Direct contact with someone who traveled to Sierra Leone, Liberia or Guinea in the last 21 days", and "Direct contact with someone suspect of having or diagnosed with Ebola".
- Did the Patient Have Fever or Symptoms AND Potential Exposure to Ebola:** Radio buttons for "Yes - Follow Immediate Response", "No", and "Not Answered".

Ebola Virus Initial Screening - Documentation Multi-Clinician Document

Select Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Create New Visit > **OK**

Ebola Virus Screening

Name: ROTH OLIVER R
Account: 357981 MR: 000364
DOB: 06281985 Age: 31

Does patient have a fever? ☐ No ☐ Yes, 100.4F (38.0 C) or greater ☐ Yes, per patient ☐ Unknown

Patient Symptoms: ☐ None ☐ Headache ☐ Muscle Pain ☐ Weakness ☐ Abdominal Pain ☐ Diarrhea ☐ Vomiting
☐ Hemorrhage ☐ Other: _____

Potential of Ebola Virus Disease Exposure:
☐ No Known Exposure
☐ Traveled to Sierra Leone, Liberia or Guinea in the last 21 days
☐ Direct contact with someone who traveled to Sierra Leone, Liberia or Guinea in the last 21 days
☐ Direct contact with someone suspect of having or diagnosed with Ebola

Did the patient have fever or symptoms AND potential exposure to Ebola? ☐ Yes ☐ No

Immediate Response to Potential Ebola Patient:
☐ Isolate patient in single room with private bathroom and door to the hallway closed
☐ Implement standard, contact, and droplet precautions (gown, facemask, eye protection and gloves)
☐ Notify the hospital Infection Control department and other appropriate staff
☐ Evaluate for any risk exposure for Ebola
☐ IMMEDIATELY report to health department

HIGH RISK EXPOSURE

Select any factors that apply to patient:
☐ Percutaneous (e.g., needle stick) or mucous membrane contact with blood or body fluids from an Ebola patient
☐ Direct skin contact with, or exposure to blood or body fluids of an Ebola patient
☐ Processing blood or body fluids from an Ebola patient without appropriate personal protective equipment(PPE) or biosafety precautions
☐ Direct contact with a dead body (including during funeral rites) in a country with wide-spread Ebola transmission without appropriate PPE

LOW RISK EXPOSURE

Ebola Virus Initial Screening - Eform Document

The questionnaire will also display when creating Temporary Registrations.

NOTE: An employee will need to have access to Screen Default Rule - Patient Registration Screens, in Identity Management, in order to use the questionnaire.

Chapter 8 Admit/Discharge/Transfer Functions

8.1 Overview

Once a patient has been registered into the system, certain census functions may be performed. Patients may be admitted into a room, transferred and discharged using options in the ADT Functions drop-down menu on the Registration and ADT screen.

8.2 Admit a Patient to a Room

To admit a patient into a room, select **Admit**, from the ADT Functions drop-down menu on the Registration and ADT screen.

NOTE: This option is only available when there are no admit and discharge dates loaded on the Stay tab on the Registration and ADT screen.

Once Admit is selected under the ADT Functions, the following screen is displayed and must be completed in its entirety to complete the admitting function.

Admit Patient

Name: REED GRACE ELLEN Account: 359070

Admit Cancel

Admit Date: 05/16/24 Thursday

Admit Time: 08:33

Admit Code: E 17/EMER

Condition: U UNKNOWN

Accommodation Code: ER EMERGENCY ROOM EXAM ROOM

Room Number: ER-14 EXAM ROOM 14






Origin Code: HM HOME

Your Initials: XXX

Physician Admit Reason: INTERNAL BLEEDING ICD-10 SNOMED

Admit Patient

- **Admit Date:** Enter the date of admission using the format of MMDDYY.
- **Admit Time:** Enter the time of admission using military time.

- **Admit Code:** Enter the Admitting Code. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing.
- **Condition:** Enter the patient's Condition Code. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing.
- **Accommodation Code:** Enter an Accommodation Code only if the room rate to be charged should be different than the standard room rate for the room chosen. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing. If the standard rate should be charged, Enter through this field and "Standard" will display to the right of this field.
- **Room Number:** Enter the room number. To display the listing select the  **magnifying glass icon** or enter a question mark (?). The room table will then display, indicating which rooms are unoccupied.
- **Origin Code:** Enter the Origin Code. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing.
- **Your initials:** Enter the initials of the person admitting the patient. If utilizing employee sign on, the initials will pull automatically for that employee.
- **Physician Admit Reason:** Enter the physician's admit reason, if applicable. This field will allow for free text, or the **look up icon** may be selected to search for the admit reason. A smart search is available to search by diagnosis description, ICD-10 code or SNOMED code. Once a physician admit reason is populated in this field, it will copy to all other Physician Admit Reason locations in the system.

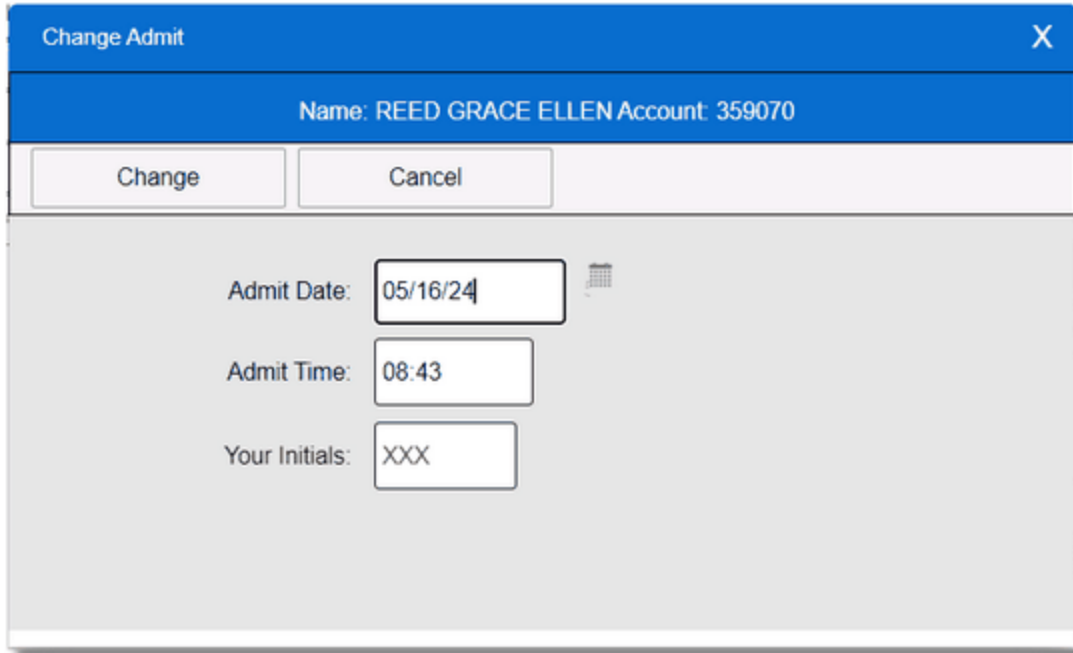
To complete the admission, select **Admit**. To cancel this admission, select **Cancel**. If all lines have not been completed, the message "You Must Complete All Lines" will display at the bottom of the screen when exiting.

8.3 Reverse an Admission

To reverse an admission, select **Reverse Admit**, from the ADT Functions drop-down menu. If the prompt "Are You Sure?" is answered **Yes**, the admission will be automatically reversed.

8.4 Change Admit

Selecting **Change Admit**, from the ADT Functions will allow the Admit Date, Admit Time and Initials to be changed for a patient.



Change Admit

- **Admit Date:** Enter the date of admission using the format of MMDDYY.
- **Admit Time:** Enter the time of admission using military time.
- **Your initials:** Enter the initials of the person admitting the patient. If utilizing employee sign on, the initials will pull automatically for that employee.

Once the Admit Date, Admit Time and Initials are entered, select **Change** to update the patient information. Selecting **Cancel** will not update the patient with new admit information.

8.5 Change Stay Type

Selecting **Change Stay Type**, from the ADT Functions will allow the Stay Type to be changed for a patient without reversing the admit. This option will also allow changes to other admission information as well as changes to the patient's insurance information. The Service Log, Account Detail and Audit Log will all be updated when the Change Stay Type option is selected.

Select **Web Client > System Menu > Hospital Base Menu > Patient Account # > Census > ADT Functions > Change Stay Type**

Change Stay Type - Inpatient Account Not Discharged

NOTE: If any change is made to the Room Number or Accommodation Code the following warning will display: "Changes have been made to Room Accommodations. Remember to verify room charges on account."

Current

- **Stay Type:** Pulls from the Patient tab on the Registration and ADT screen.
- **Sub-Type:** Pulls from the Patient tab on the Registration and ADT screen, if the Stay Type requires.
- **Service Code:** Pulls from the Patient tab on the Registration and ADT screen.
- **Attending Physician:** Pulls from the Stay tab on the Registration and ADT screen.
- **Second Physician:** Pulls from the Stay tab on the Registration and ADT screen.
- **Financial Class:** Pulls from the Guarantor/Ins tab on the Registration and ADT screen. Add the financial class to reflect the new Stay Type and delete the current financial class. Do not over-key existing insurance codes. Always add the new insurance then delete the old insurance.
- **Comment:** Pulls to the patient's account detail.
- **Initials:** Enter the initials of the person making changes to the patient's stay type. If utilizing employee sign on, the initials will pull automatically for that employee.


- **Physician Admit Reason:** Enter the physician's admit reason, if applicable. This field will allow for free text, or the **look up icon** may be selected to search for the admit reason. A smart search is available to search by diagnosis description, ICD-10 code or SNOMED code. Once a physician admit reason is populated in this field, it will copy to all other Physician Admit Reason locations in the system.


New

- **Stay Type:** Defaults to the current Stay Type. Enter the patient's new Stay Type. To display a listing of Stay Types, select the drop-down menu, and select the correct Stay Type.
- **Sub-Type:** Defaults to the current Sub Type if required by Stay Type. Change to the new Sub Type if the Stay Type requires. A lookup window is available.
- **Service Code:** Defaults to the current Service Code. Change the Service Code to reflect the correct service rendered. A lookup window is available.
- **Attending Physician:** Defaults to the current Attending Physician. Change the if needed. A lookup window is available.
- **Second Physician:** Defaults to the current Second Physician. Change the if needed. A lookup window is available.

Admission

- **Date:** Defaults to the current admission date. Enter the admission date in MMDDYY format.
- **Time:** Defaults to the current admission time. Enter the admission time in HHMM format.
- **Code:** Defaults to the current admission code. Enter the admission code. A lookup window is available.
- **Condition:** Defaults to the current admission condition. Enter the condition code. A lookup window is available
- **Origin:** Defaults to the current admission origin. Enter the origin code. A lookup window is available.
- **Accommodation Code:** Enter an Accommodation Code only if the room rate to be charged

should be different than the standard room rate for the room chosen. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing. If the standard rate should be charged, Enter through this field and "Standard" will display to the right of this field.

- **Room Number:** Enter the room number. To display the listing select the  **magnifying glass icon** or enter a question mark (?). The room table will then display, indicating which rooms are unoccupied.

Discharge

- **Date:** Defaults to the current discharge date. Enter the discharge date in MMDDYY format.
- **Time:** Defaults to the current discharge time. Enter the discharge time in HHMM format.
- **Code:** Defaults to the current discharge code. Enter the discharge code. A lookup window is available.
- **Condition:** Defaults to the current discharge condition. Enter a discharge condition code. A lookup window is available.

ADT Functions

The ADT Functions option has the same functionality as it does from the Registration and ADT screen. Patients may be admitted into a room, transferred and discharged using options in the ADT Functions drop-down menu.

8.6 Transfer a Patient

To transfer a patient from one room to another, select **Transfer**, from the ADT Functions drop-down menu menu. The following screen will display.

Transfer Patient

Name: REED GRACE ELLEN Account: 359070

Transfer Cancel

Current Room: ER-14 EXAM ROOM 14

Accommodation Code: ER EMERGENCY ROOM EXAM ROOM

Type Wanted:

Transfer to Room: 502-5 PEDIATRIC ACUTE

Transfer Date: 05/16/24 Thursday

Transfer Time: 08:50

Reason for Transfer: ER TO IP



Accommodation Code: SP SEMI-PRIVATE ROOM

Your Initials: XXX

Physician Admit Reason ICD-10 SNOMED

INTERNAL BLEEDING

Transfer Patient

- **Transfer to Room:** Enter the room number to transfer the patient to. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing. The patient can be placed in an unoccupied or occupied room. If placed in an occupied room, a prompt will appear, "Room is Currently Occupied...Do you wish to swap rooms?" If answered **Yes**, a swap occurs between the two patients. A transfer to the same room can also be done, in order to change or remove an accommodation code.
- **Transfer Date:** Enter the date of the transfer using the format of MMDDYY.
- **Transfer Time:** Enter the time of transfer using military time.
- **Reason for Transfer:** Briefly explain the reason the patient is being transferred from one room to another.
- **Accommodation Code:** Enter an Accommodation Code only if the room rate to be charged should be different than the room rate that is standard for the room chosen. Select the  **magnifying glass icon** or enter a question mark (?) to see the listing. If the standard rate should be charged, enter through this field and "Standard" will display to the right of this field.

NOTE: If the patient is an observation patient and AHIS page 8, is set to auto calculate observation charges, the prompt "Apply Charges?" will appear when changing the accommodation code. If answered **Yes**, a start time that was captured at registration and an end time of the current time will appear. These can be over-keyed if necessary.

- **Your initials:** Enter the initials of the person transferring the patient. If utilizing employee sign on, the initials will pull automatically for that employee.
- **Physician Admit Reason:** Enter the physician's admit reason, if applicable. This field will allow for free text, or the **look up icon** may be selected to search for the admit reason. A smart search is available to search by diagnosis description, ICD-10 code or SNOMED code. Once a physician admit reason is populated in this field, it will copy to all other Physician Admit Reason locations in the system.

To complete the transfer, select **Transfer**. To cancel the transfer, select **Cancel**. All fields must be completed for the transfer to occur.

8.7 Discharge a Patient

To discharge a patient, select **Discharge**, from the ADT Functions drop-down menu.

The following screen will display.

Discharge Patient

- **Discharge Date:** Enter the date of discharge using the format of MMDDYY.
- **Discharge Time:** Enter the time of discharge using military time.
- **Discharge Code:** Enter the discharge code. A lookup window is available. If a patient is




discharged with an expired discharge code of 20, 40, 41 or 42, an **icon** will display to the right of the field. Once selected, a cause of death may be entered. The discharge code field will display in red until a cause of death has been entered on the patient account.

Enter a short description of the patient's cause of death. A look window is available. Select the



look up icon to search for the cause of death.

A smart search is available to search by diagnosis description, ICD9 code or Snomed code. Enter the search parameters. Highlight the diagnosis code, and select **Continue** at the bottom of the screen. The ICD9, ICD10 and Snomed codes will display. To remove the cause of death, select **Remove** at the bottom of the screen. Once the cause of death has been entered, select **Save** at the bottom of the screen. Select the  **red X** at the top right of the screen to exit the Patient Cause of Death window.

NOTE: The Cause of Death may also be entered or changed from the Medical Records System screen. To access the Medical Records System screen, select a patient account > Medical Records.



- **Discharge Condition:** Enter the patient's Condition Code upon discharge. Select the **magnifying glass icon** or enter a question mark (?) to see the listing.
- **Your initials:** Enter the initials of the person discharging the patient. If utilizing employee sign on, the initials will pull automatically for that employee.

To complete the discharge, select **Discharge**. If this patient is an observation patient and AHIS, page 8, is set up to Auto Calculate Observation Charges, the prompt "Apply Charge?" will appear. If answered **Yes**, the system will calculate and post an observation room charge to the patient's account, based on the time between admission and discharge. To cancel the discharge, select **Cancel**. All fields must be completed for the discharge to occur.

8.8 Reverse a Discharge

To reverse a discharge, select **Reverse Discharge**, from the ADT Functions drop-down menu. Answering **Yes** to the prompt "Are You Sure?" will automatically reverse the discharge.

NOTE: The discharge date and time may be changed in the Stay tab on the Registration and ADT screen, but to remove the discharge completely, the Reverse Discharge option must be used.

8.9 Locations Summary

The Locations Summary option will store all admission, discharge and transfer information entered through ADT Functions.

Select **Web Client > System Menu > Hospital Base Menu > Patient Account # > Locations Summary**

| Date | Time | Action | Previous Location | Previous Nursi... | New Location | New Nursing St... | Days | Hours | Mins | UBL | Reason |
|------------|-------|--------|-------------------|-------------------|--------------|-------------------|------|-------|------|---------|--------|
| 05/13/2024 | 12:50 | ADMIT | | | ER-17 | 012 | 0 | 0 | 0 | jkp1619 | |
| 05/13/2024 | 12:51 | DISCH | | | ER-17 | 012 | 0 | 0 | 1 | jkp1619 | |

Patient Locations Summary

- **Date:** Date the change was made
- **Time:** Time the change was made
- **Action:** Description of the change made
- **PrevRoom (Previous Room):** Room assigned to the patient prior to the change
- **PrevNS (Previous Nursing Station):** Nursing station assigned to the patient's room prior to the change

- **PrevAcc (Previous Accommodation Code):** Accommodation code assigned to the patient account prior to the change
- **NewRoom (New Room):** Room assigned to the patient after the change
- **NewNS (New Nursing Station):** Nursing station assigned to the patient's room after the change
- **NewAcc (New Accommodation Code):** Accommodation code assigned to the patient account after the change
- **Days:** Pulls the number of days between the patient's most recent admit date and the current change
- **Hours:** Pulls the number of hours between the patient's most recent admit time and the current change
- **Mins (Minutes):** Pulls the number of minutes between the patient's most recent admit time and the current change
- **UBL (User Based Login):** The User Based Login of the employee making the change
- **Transfer Reason:** Brief explanation of why the patient was transferred or the method used for the change i.e. Change Admit or Change Stay Type

NOTE: When an Admit or Discharge is Reversed, the entry and the reversing entry will be highlighted in red indicating a change.

Chapter 9 Registration Edits

9.1 Overview

Registration Edits will allow facilities to have tailored specifications in the registration process for both the Person Profile and the visit. Each facility may have edits unique to the patient demographic information entered. Edits provide a list of fields in which incorrect or no data has been entered and are an efficient way to make the necessary corrections. Utilizing the edits will ensure the correctness of the information collected from the patient, and may also be used as an educational tool.

9.2 Registration Edits Setup

To set up Registration Edits access the **Registration Edits** table in the Business Office Tables.

Select **Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > Reg Edits**

Registration Edit - Maintenance *Last changed on 08/22/2011 at 13:44:0133 by mdm1647*

Buttons: New Edit, Update, Activate Edits, Maintenance Mode

Edit #: 5017 Maiden Name

Desc: Maiden Name

Page/Field: Patient Maintenance Sex

Severity: Warning

Log: [dropdown]

StayType: [dropdown] Edit

SubType: [dropdown] Edit N/A

Service Code: [dropdown] Edit N/A

Orig F/C: [dropdown] Edit N/A

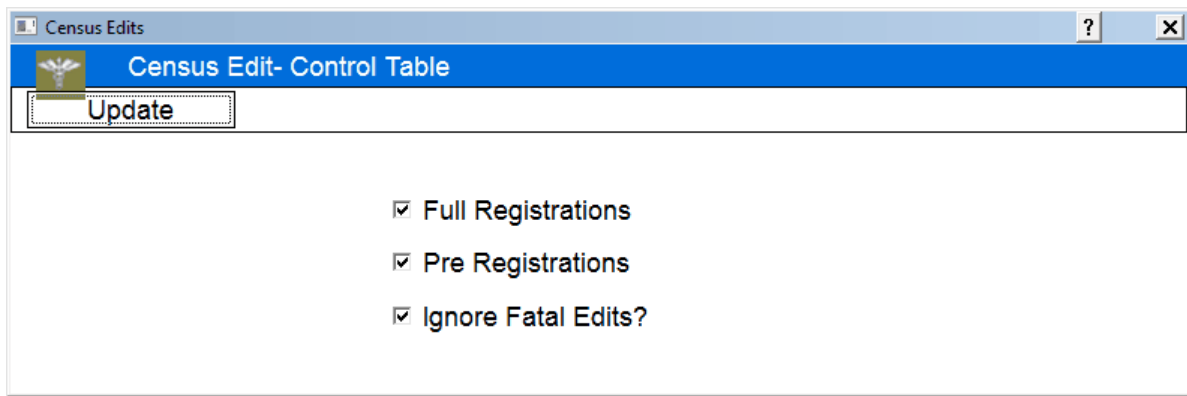
| IF | Field | Comparison | Data/Field | and |
|----|---------------------|-------------|------------|------|
| | Pat: Sex | is equal to | F | and |
| | Pat: Marital Status | is equal to | M | AND |
| | Pat: Maiden Name | is equal to | blank | THEN |
| | FLAG ACCOUNT | | | |
| | | | | |
| | | | | |

Registration Edit- Maintenance

The user must have security in order to make changes to edits or to add new edits.

- **New Edit:** Select **New Edit** to begin creating an edit that does not currently exist. After selecting this option the next available edit number will be displayed in the Edit # field. The cursor will move to the Desc field in order for the description of the new edit to be entered.
- **Update:** Select **Update** after creating a new edit or making changes to an existing edit.

- **Activate Edits:** This option allows access to the Census Edit Control Table.



Census Edit- Control Table

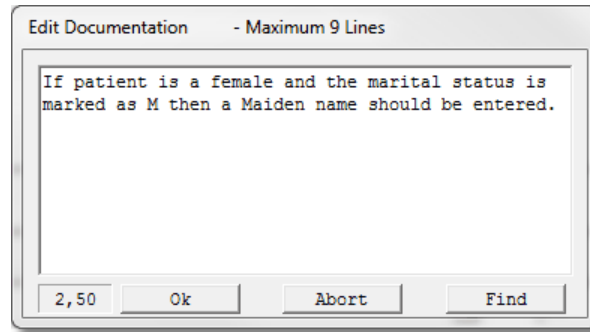
This allows Full and Pre Registration edits to be activated for all edits. The Pre Registration edits would apply to pre-admit accounts. The edits will not appear unless one or both of these are activated. Selecting **Ignore Fatal Edits?** will allow edits that are marked as Fatal on the Registration Edit Maintenance screen to be bypassed when Registration is exited. De-selecting this option will require Registration to correct the edits that are marked as Fatal. Select **Update** to activate any changes to the control table.

New Edit Setup/Accessing Existing Edits

- **Edit #:** This field will display the next available edit number after New Edit is selected. The description of the edit will automatically populate in this field from the Desc field once the edit has been updated.
 - To view or update an existing edit, select the desired edit from the drop-down menu. The user must select **Update** if any maintenance is performed in order to retain the changes.
 - The field to the right of the Edit # field will display the number assigned to the edit.
- **Desc:** This field will display the description of an existing edit or a description may be entered for a newly created edit.

Processing Edits

- **Edit Explanation:** Accessing this field will display a note pad.



Edit Documentation - Maximum 9 Lines

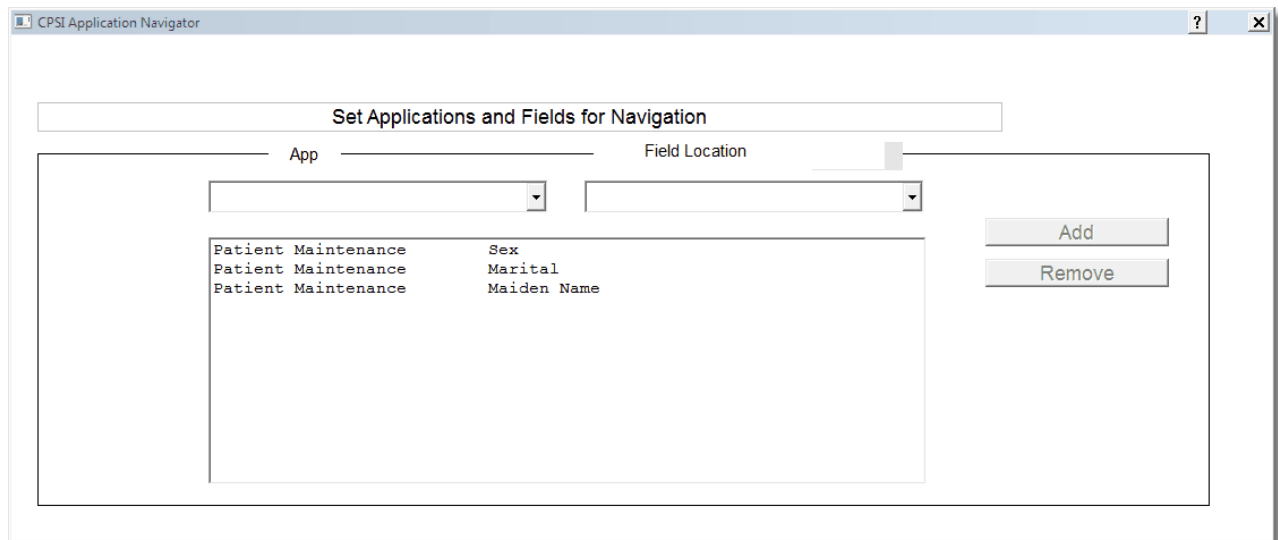
If patient is a female and the marital status is marked as M then a Maiden name should be entered.

2,50 Ok Abort Find

Edit Documentation

The information entered in this field should describe the edit in detail to make sure the user working the edit understands what is needed to correct the edit. This description will be the only explanation Registration will receive to know what must be done to correct the problem.

- **Page/Field:** This option is used to select the fields in the Person Profile or visit that Registration will need to review to correct an edit. This is strictly a navigational tool. If this is a new edit, select **Edit** to add the necessary fields. The following screen will display:



CPSI Application Navigator

Set Applications and Fields for Navigation

App Field Location

| | |
|---------------------|-------------|
| Patient Maintenance | Sex |
| Patient Maintenance | Marital |
| Patient Maintenance | Maiden Name |

Add Remove

Application Navigator

Select the appropriate application and field location from the drop-down menu provided.

- **Add** will retain the information.
- **Remove** will delete a selected application and field location.

Select the drop-down menu to view all the fields in the Person Profile or visit associated with the edit. If multiple fields are selected for a single edit, the user would stop on each field listed here to verify or correct the necessary information. Select **X** at the top of the screen to exit the pop-up box.

NOTE: Registration would only need to stop on a field if some of the information may need to be changed to correct the problem. Not all fields listed in the criteria portion of this edit would necessarily need to be selected in the Page/Field option.

Edit Specific Activation and Severity

- **Full Registrations:** Select this option if the edit will apply to full registration. For Person Profile, the edit will display when **Create New Visit** is selected.
- **Pre Registrations:** Select this option if the edit will apply to pre-admit registrations. For Person Profile, the edit will display when **Create Temp Visit** is selected.
- **Severity:** The following selections are available for this option:
 - **Fatal:** Select **Fatal** to indicate this edit must be corrected in order for registration to be considered correct. Marking an edit as fatal will prevent the registrar from exiting the Edit screen without correcting the edit if **Ignore Fatal Edits?** in **Activate Edits** is blank. It will act as a flag for registration and will not prevent the user from exiting the edit if this field is selected.
 - **Off:** Select **Off** to flag the edit as inactive. This option will be used in place of deleting the edit. The Full Registration and Pre Registration fields listed above should also be de-selected.
 - **Warning:** Select **Warning** to flag the edit with a warning indicating this edit will need to be researched, but it may not be necessary to change any of the information entered.
- **Log:** Selecting **Y** will allow this edit to display on the Profile Edit Report or Census Edit Report. Selecting **N** will suppress this edit from the Profile Edit Report or Census Edit Report.

Edit Parameters

The following fields within the edit will allow the user to set up parameters based on Stay Type, SubType, Service Code or Original Financial Class. Options available for the SubType, Service Code and Original Financial Class include the following:

- **N/A:** The options will default to **N/A**. This will indicate the option will not be used for this edit.
- **Exclude:** Selecting **Exclude** will allow the parameters selected to be excluded for the edit.
- **Include:** Selecting **Include** will allow the parameters selected to be included for the edit.

NOTE: If the Stay Type, Sub Type, Service Code or Org F/C are blank, the edit will apply to all.

- **Stay Type:** To add Stay Types to a new or existing Edit, select **Edit** to the right of the drop-down menu. The following screen will display:

| Available Patient Types | | Selected Patient Types |
|-------------------------|--------|------------------------|
| 1 | I/P | |
| 2 | O/P | |
| 3 | E.R. | |
| 4 | SNF | |
| 5 | CLINIC | |

Census Edit - Maintenance

To associate a Stay Type with an edit, select the desired Stay Type from Available Patient Types. The selected Stay Type will move to Selected Patient Types. To move it back to Available Patient Types, select the Stay Type again. Exiting this screen will save the changes. Select **Reset** before exiting the screen to replace the newly entered information with the original information.

- **SubType:** To add a Sub Type to a new or existing edit select **Edit** to the right of the drop-down menu. Select the Sub Types to be associated with the edit from this option. Select either **N/A**, **Exclude** or **Include** for the parameters selected.
- **Service Code:** To add a Service Code to a new or existing edit select **Edit** to the right of the drop-down menu. Select the Service Codes to be associated with the edit from this option. Select either **N/A**, **Exclude**, or **Include** for the parameters selected.
- **Org F/C:** To add a Financial Class to a new or existing edit select **Edit** to the right of the drop-down menu. Select the Original Financial Classes to be associated with the edit from this option. Select either **N/A**, **Exclude**, or **Include** for the parameters selected.

Criteria to Flag Accounts

This section defines the criteria the system will use to determine if an edit should appear.

- **Field:** Select the first field the system will consider in creating the edit.
- **Comparison:** Enter the conditions under which the system will display the edit.
- **Data/Field:** The delimiters the system will use to determine when the edit is applicable will display. The drop-down menu for this field will show all data/fields selected for one line of criteria.

- **Edit:** Enter delimiters the system will use to determine when the edit is applicable. A different Edit screen will appear depending on the Comparison selected. Below is a list of Comparisons and the associated Edit screens:

If Comparison is **is equal to** or **is not equal to** the following screen will display once the user selects **Edit**:

The screenshot shows a software window titled "Edit Data". Inside, there's a label "If Pat: Sex is equal to" above a text box. Below that is a "Data Values" section with two rows of input fields and dropdown menus, separated by the word "to". To the right of these fields are "Add" and "Remove" buttons. At the bottom left is a list box containing the letter "F". On the right side of the dialog are "OK" and "Reset" buttons.

Edit Data

The user may either manually enter the data that should appear in the field or use the drop-down menu to select a field. A data range may also be selected. Once the user selects **Add**, more data or fields may be entered. Once all data/fields have been entered, select **Ok** to exit the pop-up box.

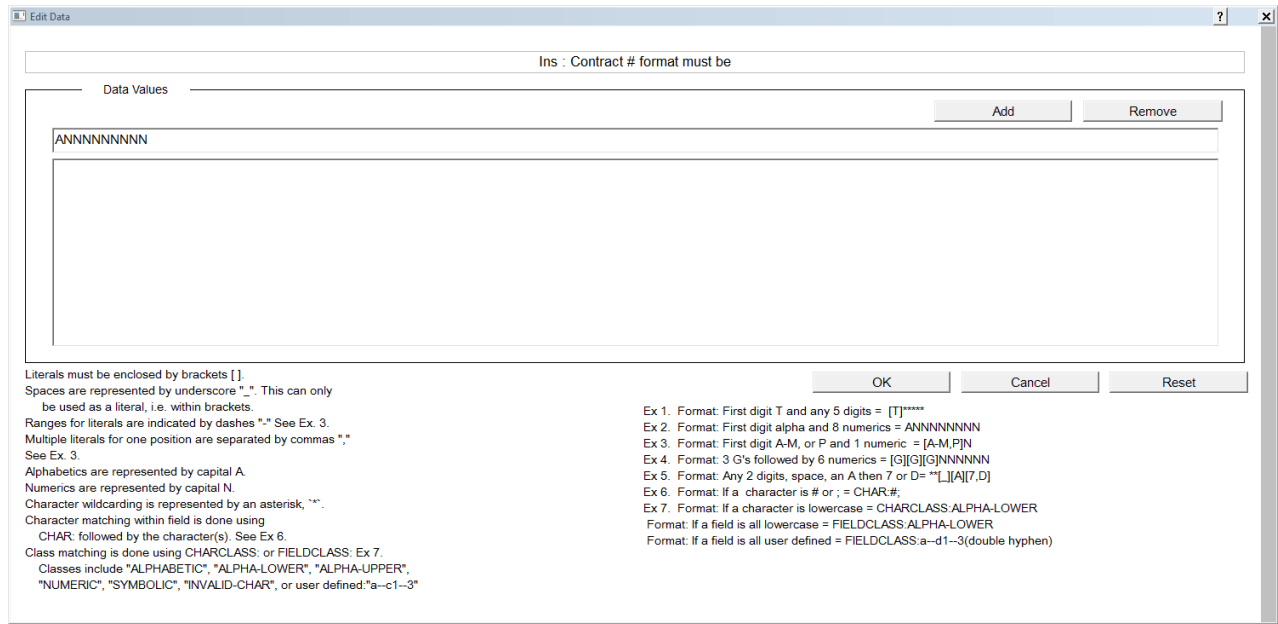
If Comparison is **is greater than**, **is greater than or equal to**, **is less than** or **is less than or equal to** the following screen will display once the user selects **Edit**:

The screenshot shows a window titled "Edit Data". Inside the window, there is a text input field at the top containing the text "If Pat: AGE is greater than or equal to". Below this field, on the left, is a label "Data Value" followed by a text input field containing the number "13". To the right of the "13" field is a drop-down menu. On the right side of the window, there are two buttons: "OK" and "Reset".

Edit Data

The user may either manually enter the data that should appear in the field or use the drop-down menu to select a field. Once the user selects **Add**, more data or fields may be entered. Once all data/fields have been entered, select **Ok** to exit the pop-up box.

If Comparison is **format is equal to**, **format is not equal to**, **format must be** or **format cannot be** the following screen will display:



Ins : Contract # format must be

Data Values

ANNNNNNNNN

Add Remove

OK Cancel Reset

Literals must be enclosed by brackets [].
 Spaces are represented by underscore "_". This can only be used as a literal, i.e. within brackets.
 Ranges for literals are indicated by dashes "-". See Ex. 3.
 Multiple literals for one position are separated by commas ",".
 See Ex. 3.
 Alphabets are represented by capital A.
 Numerics are represented by capital N.
 Character wildcarding is represented by an asterisk, "*".
 Character matching within field is done using
 CHAR: followed by the character(s). See Ex 6.
 Class matching is done using CHARCLASS: or FIELDCLASS: Ex 7.
 Classes include "ALPHABETIC", "ALPHA-LOWER", "ALPHA-UPPER",
 "NUMERIC", "SYMBOLIC", "INVALID-CHAR", or user defined "a-c1-3"

Ex 1. Format: First digit T and any 5 digits = [T]*****
 Ex 2. Format: First digit alpha and 8 numerics = ANNNNNNNNN
 Ex 3. Format: First digit A-M, or P and 1 numeric = [A-M,P]N
 Ex 4. Format: 3 G's followed by 6 numerics = [G][G][G]NNNNNN
 Ex 5. Format: Any 2 digits, space, an A then 7 or D = *[_][A][7,D]
 Ex 6. Format: If a character is # or ; = CHAR:#;
 Ex 7. Format: If a character is lowercase = CHARCLASS:ALPHA-LOWER
 Format: If a field is all lowercase = FIELDCLASS:ALPHA-LOWER
 Format: If a field is all user defined = FIELDCLASS:a-d1-3(double hyphen)

Edit Data

The user should enter the exact format that may be used for the edit. Refer to the text within this pop-up box for further instructions. Once the format has been specified, select **Ok** to update and exit the pop-up box.

The following options are common to each of the Edit screens:

- **OK:** Select **Ok** after entering the Data Value.
- **Cancel:** Select **Cancel** if no change is required and to exit this screen.
- **Reset:** Select **Reset** to replace the newly entered info with the original information.

The last drop-down menu to the right of the Edit option will provide connectors. Select a connector and continue to describe and/or define the functionality of the edit. The user should be able to read this section and form a complete sentence.

- Use lower case connectors **and** or **or** to join two related criteria or comparisons.
- Use upper case connectors **AND** or **OR** to join two unrelated criteria or comparisons.
- **THEN** is used to state what must occur. Normally the edit will end with "Then Flag Account."

After the edit is complete, select **Update** to save the information entered or changed before exiting the Census Edit Maintenance screen.

9.3 Sample Edits

This section will highlight a few different edits to demonstrate in more detail how to set up the criteria for a Registration Edit.

Example 1: Contract Number Must Not Be Blank

Select **Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > Census Edits**

Registration Edit - Maintenance Last changed on 08/03/2006 at 16:11:0781 by root

New Edit | Update | Activate Edits | Maintenance Mode

Edit #: 5004 Contract Number Must Not Be Blank

Desc: Contract Number Must Not Be Blank

Page/Field: Insurance Policy Contract #

Severity: Fatal

Log: Y

| Field | Comparison | Data/Field | THEN |
|---------------------|-------------|------------|------|
| IF Ins : Contract # | is equal to | blank | |
| FLAG ACCOUNT | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Registration Edit - Maintenance, Edit 5004

The purpose of this edit is to flag accounts with insurance that do not have a contract number loaded. The selections chosen for this edit are explained below:

If Ins : Contract # is equal to blank:

- The first and only **Field** the system should check is the Contract Number.
- Is equal to* is the **Comparison** that is used because only accounts with claims that do not have a contract number should receive the edit.
- This **Data/Field** should be set to "blank" to flag accounts with claims that do not have anything loaded in the Contract Number field. Select Edit next to **Data/Field** to either manually enter the data that should appear in the field or use the drop-down menu to select a field. In this instance, the user could either type the word "blank" in the first field or use the drop-down menu and select "blank" since it is listed as a field. Select **Add** once the desired information has been entered.

The screenshot shows a window titled "Edit Data". At the top, there is a text box containing "If Ins : Contract # is equal to". To the right of this text box are two buttons: "OK" and "Reset". Below the text box is a section labeled "Data Values". Inside this section, there is a text box containing "blank", followed by a dropdown menu showing ".blank.". To the right of these are two buttons: "Add" and "Remove". Below the dropdown menu is the word "to", followed by another text box containing "blank" and a dropdown menu. At the bottom of the "Data Values" section is a list box containing the word "blank", which is currently selected and highlighted in blue.

THEN FLAG ACCOUNT:

- The Connector used is "THEN" because all of the criteria that must be met has been selected.
- **Field** is used this time to tell the system to "FLAG ACCOUNT" if the above criteria is met.

As stated previously, this section flows as a complete sentence: If the Contract Number is equal to blank "THEN" flag the account.

Select **Update** once an edit has been completely set up or modified in order to save the changes.

Example 2: Medicare Contract Number

Select Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > Census Edits

| Field | Comparison | Data/Field |
|---------------------|-------------|------------|
| IF Ins : Contract # | is equal to | blank |
| FLAG ACCOUNT | | |
| | | |
| | | |
| | | |
| | | |

Census Edit - Maintenance, Edit 5003

The purpose of this edit is to verify that the contract number loaded for Medicare claims is correct. Although the exact number cannot be verified within the edit, the format can be checked for accuracy. The selections chosen for this edit are explained below:

If Ins : Code is equal to M-Mzz:

- The first **Field** the system should check is the Insurance Code because this edit should only look at Medicare claims. This section is used rather than the Orig F/C parameter above because this edit is looking at all Medicare claims and not just the Original Financial Class. In addition, with the Orig F/C parameter, the user will have to select the exact insurance code that is used; so if a new Medicare insurance code is set up, the parameter would have to be adjusted in this edit to include the new Medicare insurance code.
- "Is equal" to is the **Comparison** that is used because only accounts with Medicare claims should be reviewed.
- The **Data/Field** should be set to "M-Mzz" to review accounts with Medicare claims. This information would be manually entered by the user. Select **Add** once the desired information has been entered then **Ok** once complete.

Edit Data

If Ins : Code is equal to

OK

Reset

Data Values

M

Add

Remove

to

Mzz

Edit Data

THEN Ins : Contract Number format must be ANNNNNNNNNN:

- The Connector used is "THEN" to state what must be in place in order for the accounts with Medicare claims to not receive the edit.
- The next **Field** the system should look to is the Contract Number.
- The **Comparison** used in this instance is "format must" *be* because the system should verify that the correct format was used when the contract number was entered.
- The **Data/Field** in this instance should describe the acceptable format for a Medicare contract number. Because of the comparison that was selected, format must be, the following screen will appear:

Ins : Contract # format must be

Data Values

ANNNNNNNNN

OK Cancel Reset

Literals must be enclosed by brackets [].
 Spaces are represented by underscore "_". This can only be used as a literal, i.e. within brackets.
 Ranges for literals are indicated by dashes "-". See Ex. 3.
 Multiple literals for one position are separated by commas ",".
 See Ex. 3.
 Alphabets are represented by capital A. ←
 Numerics are represented by capital N. ←
 Character wildcarding is represented by an asterisk, "*".
 Character matching within field is done using
 CHAR: followed by the character(s). See Ex 6.
 Class matching is done using CHARCLASS: or FIELDCLASS: Ex 7.
 Classes include "ALPHABETIC", "ALPHA-LOWER", "ALPHA-UPPER",
 "NUMERIC", "SYMBOLIC", "INVALID-CHAR", or user defined "a-c1-3"

Ex 1. Format: First digit T and any 5 digits = [T]*****
 Ex 2. Format: First digit alpha and 8 numerics = ANNNNNNNNN
 Ex 3. Format: First digit A-M, or P and 1 numeric = [A-M,P]N
 Ex 4. Format: 3 G's followed by 6 numerics = [G][G][G]NNNNNN
 Ex 5. Format: Any 2 digits, space, an A then 7 or D= "[_][A][7,D]
 Ex 6. Format: If a character is # or ; = CHAR:#;
 Ex 7. Format: If a character is lowercase = CHARCLASS:ALPHA-LOWER
 Format: If a field is all lowercase = FIELDCLASS:ALPHA-LOWER
 Format: If a field is all user defined = FIELDCLASS:a-d1-3(double hyphen)

Edit Data

Alphabets are represented by "A," and numerics are represented by "N." In this first scenario of the possible formats for the Medicare contract number, the first character may be alpha followed by nine numeric characters. Select **Ok** once complete.

or Ins : Contract Number format must be NNNNNNNNNA:

- The Connector **or** is used to join together related criteria meaning that the Medicare contract number may consists of several different combinations of alpha and numeric characters. Any of the acceptable formats for the Medicare contract number must be listed so accounts with a valid contract number will not receive the edit.
- As stated previously, this section flows as a complete sentence: If the Insurance Code is equal to M-Mzz (any Medicare claim) "THEN" the insurance contract number's format must be equal to ANNNNNNNNNN or NNNNNNNNNA or AANNNNNNNNNN or NNNNNNNNNNAA or NNNNNNNNNNAN. "Then Flag Account" is not necessary with this edit.

Select **Update** once an edit has been completely set up or modified in order to save the changes.

Example 3: Guarantor Cannot be a Minor

Select Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > Census Edits

| Field | Comparison | Data/Field |
|---------------------|-----------------|------------------|
| IF Pat: AGE | is less than | 18 |
| Pat: Marital Status | is not equal to | M |
| Pat: Name | is equal to | Guar: Name |
| Pat: Social Sec | is equal to | Guar: Social Sec |
| FLAG ACCOUNT | | |

Census Edit - Maintenance, Edit 5037

The purpose of this edit is to flag accounts where the patient is less than 18 years of age and has been designated as the guarantor of that account. The selections chosen for this edit are explained below:

IF Pat: Age is less than 18:

- The first **Field** the system should check is the Patient's Age in order to see if the patient may be listed as the guarantor.
- "Is less than" is the **Comparison** that is used because the system is checking to see if the patient is considered a minor and therefore should not be considered as the guarantor of the account.
- This **Data/Field** should be set to 18 to flag accounts where the patient is under that age if certain other criteria stated below is met. Select Edit next to **Data/Field** to either manually enter the data that should appear in the field or use the drop-down menu to select a field. In this instance, the user should enter 18 in the first field. Select **Ok** once the desired information has been entered.

The screenshot shows a software window titled "Edit Data". At the top, there is a text box containing the condition "If Pat: AGE is less than". Below this, there is a large rectangular area labeled "Data Value" on the left. Inside this area, there is a text box containing the number "18" and a dropdown menu below it. To the right of the "Data Value" area, there are two buttons: "OK" and "Reset".

and Pat: Marital Status is not equal to M:

- The Connector used is and because, in addition to the patient being less than 18 years of age, there is some additional criteria that must be met. These two criteria are related. Even if a patient is under the age of 18, he can be the guarantor of the account if he is married. The system has to check to see whether or not both of these criteria exist to see if the account may be eligible to receive this edit.
- The next **Field** the system should look at is the Patient's Marital Status because the system needs to take the marital status into consideration even if the age criteria is met.
- "Is not equal to" is the **Comparison** that is used because if the patient is less than 18 and the marital status is not "Married" then the patient may not be listed as the guarantor. If the first two criteria are met the system will continue to check the criteria listed below.
- This **Data/Field** should be set to "M" to flag accounts where the patient is not married. Select Edit next to **Data/Field** to either manually enter the data that should appear in the field or use the drop-down menu to select a field. In this instance, the user should enter M in the first field. Tab to the next field because the system allows a range to be entered in this screen. The system will default to the information entered in the first field so here the range would be "M to M." Select **Add** once the desired information has been entered then **Ok** once complete.

The screenshot shows a window titled "Edit Data" with a standard Windows interface (title bar, help, close buttons). Inside the window, there is a text box at the top containing the rule: "If Pat: Marital Status is not equal to". To the right of this text box are two buttons: "OK" and "Reset". Below the text box is a section labeled "Data Values" which contains a list of data values. The list currently has two entries, both with the value "M". Each entry consists of a text input field containing "M" and a dropdown menu. To the right of the list are two buttons: "Add" and "Remove". Below the list is a large empty rectangular box. The window is captioned "Edit Data" at the bottom.

AND Pat: Name is equal to Guar: Name:

- "AND" is the Connector that is used. If the account meets both related criteria above then there is additional criteria that must be met before the account would receive this edit.
- The next **Field** the system should look at is the Patient's Name. If both related criteria listed above have been met, the system should check the *Patient's Name* to see if the patient is listed as the guarantor of the account.
- "Is equal to" is the Comparison that is used to see if the names are an exact match.
- This **Data/Field** should be set to Guarantor Name so the system can verify whether or not the Patient's Name and Guarantor's Name are the same. Select Edit next to **Data/Field** to either manually enter the data that should appear in the field or use the drop-down menu to select a field. In this instance, the user should use the drop-down menu and select the field titled Guar: Name. Select **Add** once the desired information has been entered and **Ok** once complete.

The screenshot shows a window titled "Edit Data" with a standard Windows-style title bar (minimize, maximize, close buttons). Inside the window, there is a text input field at the top containing the text "If Pat: Name is equal to". To the right of this field are two buttons: "OK" and "Reset". Below the text field is a section labeled "Data Values" which contains a list of data values. Currently, there are two entries, both labeled "Guar: Name". To the right of this list are two buttons: "Add" and "Remove". Below the list, there is a "to" label followed by another "Guar: Name" field and a dropdown menu. At the bottom of the "Data Values" section is a large empty rectangular box. The window has a light blue border and a small question mark icon in the top right corner of the title bar.

or Pat: Social Sec is equal to Guar: Social Sec:

- The Connector used here is *or* because there are two fields the system is going to check to see if the guarantor and patient are the same. These two criteria are related in that they are both checking to see if the Patient is loaded as the Guarantor.
- The next **Field** the system should look at is the Patient's Social Security Number. If the Patient's Name does not equal the Guarantor's Name, the system is still going to check to see if the Patient's Social Security Number matches the Guarantor's Social Security Number.
- *Is equal to* is the Comparison that is used to see if the social security numbers are an exact match.
- This **Data/Field** should be set to Guarantor Social Security Number so the system can verify whether or not the Patient's Social Security Number and Guarantor's Social Security Number are the same. Select Edit next to **Data/Field** to either manually enter the data that should appear in the field or use the drop-down menu to select a field. In this instance, the user should use the drop-down menu and select the field titled Guar: Social Sec. Select **Add** once the desired information has been entered and **OK** once complete.

The screenshot shows a software window titled "Edit Data". At the top, there is a text box containing the condition "If Pat: Social Sec is equal to". To the right of this text box are two buttons: "OK" and "Reset". Below the text box is a section labeled "Data Values". Inside this section, there is a list of conditions. The first condition is "Guar: Social Sec" followed by the word "through" and a text box containing the number "0". To the right of this condition are two buttons: "Add" and "Remove". Below this condition is the word "or" followed by a dropdown menu showing "Guar: Social Sec". Below the dropdown menu is an empty rectangular box. The window has a standard Windows-style title bar with a question mark icon and a close button (X).

Edit Data

THEN FLAG ACCOUNT:

- The Connector used is "THEN" because all of the criteria that must be met has been selected.
- **Field** is used this time to tell the system to "FLAG ACCOUNT" if the above criteria is met.

As stated previously, this section flows as a complete sentence: If the Patient's Age is less than 18 and the patient is not married, "AND" if the patient's name matches the guarantor's name or if the patient's social security number matches the guarantor's social security number "THEN" flag the account.

Select **Update** once an edit has been completely set up or modified in order to save the changes.

Example 4: Stay Type/Original Financial Class Error

Select Web Client > System Menu > Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > Census Edits

Registration Edit - Maintenance Last changed on 06/05/2015 at 14:15:4111 by jkp1619

New Edit | Update | Activate Edits | Maintenance Mode

Edit #: 5000 Stay Type/Original Financial Error

Desc: Stay Type/Original Financial Error

Page/Field: Patient Maintenance Stay Type

Severity: Fatal

Log: z

| IF | Field | Comparison | Data/Field | AND/OR/THEN |
|----|--------------|------------------------|-------------------|-------------|
| | Original F/C | is not equal to | P | AND |
| | Stay Type | is equal to | 1 | and |
| | Original F/C | format is not equal to | [A-Z][A,C-Z,1-9]* | OR |
| | Stay Type | is equal to | 2 3 | and |
| | Original F/C | format is not equal to | [A-Z][B]* | THEN |
| | FLAG ACCOUNT | | | |

Census Edit - Maintenance, Edit 5000

The purpose of this edit is to flag accounts where the patient's Stay Type and original financial class do not match. The selections chosen for this edit are explained below:

If Original F/C is not equal to P:

- The first **Field** the system should check is the *Original Financial Class* in order to verify that the account is not a private pay account.
- "Is not equal to" is the **Comparison** that is used because the system is verifying that the account is not a private pay account.
- This **Data/Field** should be set to *P* to exclude private pay accounts from the edit. Select Edit next to **Data/Field** to either manually enter the data that should appear in the field or use the drop-down menu to select a field. In this instance, the user should enter *P* in the first field. Tab to the next field because the system allows a range to be entered in this screen. The system will default to the information entered in the first field so here the range would be **P to P**. Select **Add** once the desired information has been entered then **Ok** once complete.

Edit Data

If Original F/C is not equal to

OK

Reset

Data Values

P

Add

Remove

to

P

AND Stay Type is equal to 1:

- The Connector used is "AND" because the system should only continue reviewing to see if a claim should receive the edit if this initial criteria is met. If this initial criteria is not met then the account would not receive the edit no matter what the rest of the edit says.
- The next field the system should look at is the Patient's Stay Type because Inpatient claims should not have a "B" in the second character of the Insurance Code.
- "Is equal to" is the **Comparison** that is used because the system should verify that Inpatients are registered with the correct financial class format.
- This **Data/Field** should be set to 1 to look strictly at Inpatient accounts. Select Edit next to **Data/Field** to either manually enter the data that should appear in the field or use the drop-down menu to select a field. In this instance, the user should enter 1 in the first field. Tab to the next field because the system allows a range to be entered in this screen. The system will default to the information entered in the first field so here the range would be 1 to 1. Select **Add** once the desired information has been entered then **Ok** once complete.

Edit Data

and Original F/C format is not equal to [A-Z][_,A,C-Z,1-9]*:

- The Connector used is "and" because, in addition to the patient being an Inpatient with a Stay Type of 1, there is some additional criteria that must be met. These two criteria are related. The system has to check to see whether or not both of these criteria exist to see if the account may be eligible to receive this edit.
- The next **Field** the system should look to is the Original Financial Class.
- The **Comparison** used in this instance is "format is not equal to" because the system should verify that the correct format was used when the contract number was entered.
- The **Data/Field** in this instance should describe the acceptable format for a contract number. Because of the comparison that was selected, "format is not equal to", the following screen will appear:

Original F/C format is not equal to

Data Values

[A-Z]_[A-C-Z,1-9]*

OK Cancel Reset

Literals must be enclosed by brackets []. ← Steps 1 & 3
 Spaces are represented by underscore "_". This can only
 be used as a literal, i.e. within brackets. ← Step 4
 Ranges for literals are indicated by dashes "-". See Ex. 3. ← Steps 2 & 6
 Multiple literals for one position are separated by commas "," ← Step 5
 See Ex. 3.
 Alphabetics are represented by capital A.
 Numerics are represented by capital N.
 Character wildcarding is represented by an asterisk, "*". ← Step 7
 Character matching within field is done using
 CHAR: followed by the character(s). See Ex 6.
 Class matching is done using CHARCLASS: or FIELDCLASS: Ex 7.
 Classes include "ALPHABETIC", "ALPHA-LOWER", "ALPHA-UPPER",
 "NUMERIC", "SYMBOLIC", "INVALID-CHAR", or user defined: "a-c1-3"

Ex 1. Format: First digit T and any 5 digits = [T]*****
 Ex 2. Format: First digit alpha and 8 numerics = ANNNNNNNNN
 Ex 3. Format: First digit A-M, or P and 1 numeric = [A-M,P]N
 Ex 4. Format: 3 G's followed by 6 numerics = [G][G][G]NNNNNN
 Ex 5. Format: Any 2 digits, space, an A then 7 or D= "[][A][7,D]
 Ex 6. Format: If a character is # or ; = CHAR:#;
 Ex 7. Format: If a character is lowercase = CHARCLASS:ALPHA-LOWER
 Format: If a field is all lowercase = FIELDCLASS:ALPHA-LOWER
 Format: If a field is all user defined = FIELDCLASS:a-d1-3(double hyphen)

Edit Data

The purpose of this portion of the edit is to show that Inpatient claims cannot have a "B" in the second character of the three-character insurance code. See the steps below for detail on how this format is set up:

- First Character: The first character may be any upper case alpha character.
 - Step 1: Literals are used here to show exactly what characters may be used in the first character of the financial class. The text above states that literals must be enclosed with brackets so brackets will be used: [].
 - Step 2: To represent the range of upper case letters from A to Z, a range would be used. Ranges are indicated by dashes so the first character may be anything from **A-Z**.
 - Joining steps 1 and 2 together, the first character is represented within the format as follows: **[A-Z]**.
- Second Character: The second character of the insurance code may be anything other than a "B."
 - Step 3: Literals are used here to show exactly what characters may be used in the first character of the financial class. The text above states that literals must be enclosed with brackets so brackets will be used: [].
 - Step 4: Insurance codes for Inpatients can be represented with just the first character; valid codes include M, B, S, W and X. They do not have to have a second or third character. The above text states that spaces are represented by an underscore so _ would be a literal that should be included in the format.
 - Step 5: In addition to the second character being blank, it can also be any upper case alpha character other than a "B." Acceptable characters would be A and C-Z. The text above states that multiple literals for one position are separated by commas so **A,C-Z** would be used to separate these literals. Spaces should not be included after the comma.
 - Step 6: The second character may also be numeric. This would be represented by a range so **1-9** would be included in this format.
 - To join steps 3-6 together, commas must be used as stated above since each of these are all valid literals. The format for the second character would be **[_,A,C-Z,1-9]**.

- Third Character: The third character may be a space, number or any alpha character.
 - Step 7: Character wildcarding, including spaces, is represented by an asterisk. Since the third character may be anything, including a space, a * would be used. The asterisk would not be enclosed in brackets because it is not a literal.
 - Steps 1-7 joined together for the format of a valid insurance code for an Inpatient would read as follows: **[A-Z][_,A,C-Z,1-9]***. Select **Ok** once complete.

OR Stay Type is equal to 2|3:

- The Connector used is "OR" because a new set of related criteria is being introduced. So IF the patient is not private pay, "AND" the patient is not an Inpatient then there are some other criteria that the system needs to review to see if the account should receive this edit.
- The next field the system should look at is the "Patient's Stay Type" because Outpatient claims should have a "B" in the second character of the Insurance Code.
- *Is equal to* is the **Comparison** that is used because the system should verify that Outpatients are registered with the correct financial class format.
- This **Data/Field** should be set to 2 and 3 to look at Outpatient accounts. Select Edit next to **Data/Field** to either manually enter the data that should appear in the field or use the drop-down menu to select a field. In this instance, the user should enter a 2. Tab to the next field because the system allows a range to be entered in this screen, and enter a 3 so the range is *2 through 3*. Select **Add** once the desired information has been entered then **Ok** once complete.

The screenshot shows a software window titled "Edit Data". At the top, there is a text input field containing "If Stay Type is equal to". To the right of this field are "OK" and "Reset" buttons. Below the text field is a section labeled "Data Values". Inside this section, there are two input fields: the first contains the number "2" and the second contains the number "3", with the word "through" between them. To the right of these fields is an "Add" button. Below the "2" field is the word "or" followed by a dropdown menu. To the right of the dropdown menu is a "Remove" button. At the bottom of the "Data Values" section is a large empty rectangular box.

Edit Data

and Original F/C format is not equal to [A-Z][B]\$:

- The Connector used is *and* because, in addition to the patient being an Outpatient with a Stay Type of 2 or 3, there is some additional criteria that must be met. These two criteria are related. The system has to check to see whether or not both of these criteria exist to see if the account may be eligible to receive this edit.
- The next **Field** the system should look to is the Original Financial Class.
- The **Comparison** used in this instance is "format is not equal to" because the system should verify that the correct format was used when the contract number was entered.
- The **Data/Field** in this instance should describe the acceptable format for a contract number. Because of the comparison that was selected, "format is not equal to", the following screen will appear:

Original F/C format is not equal to

Data Values

[A-Z][B]*

OK Cancel Reset

Literals must be enclosed by brackets []. ← Steps 1 & 3
 Spaces are represented by underscore "_". This can only be used as a literal, i.e. within brackets.
 Ranges for literals are indicated by dashes "-". See Ex. 3. ← Step 2
 Multiple literals for one position are separated by commas ",". See Ex. 3.
 Alphabets are represented by capital A.
 Numerics are represented by capital N.
 Character wildcards are represented by an asterisk, "*". ← Step 5
 Character matching within field is done using CHAR: followed by the character(s). See Ex. 6.
 Class matching is done using CHARCLASS: or FIELDCLASS: Ex 7.
 Classes include "ALPHABETIC", "ALPHA-LOWER", "ALPHA-UPPER", "NUMERIC", "SYMBOLIC", "INVALID-CHAR", or user defined "a-c1-3"

Ex 1. Format: First digit T and any 5 digits = [T]*****
 Ex 2. Format: First digit alpha and 8 numerics = ANNNNNNNNN
 Ex 3. Format: First digit A-M, or P and 1 numeric = [A-M,P]N
 Ex 4. Format: 3 G's followed by 6 numerics = [G][G][G]NNNNNN
 Ex 5. Format: Any 2 digits, space, an A then 7 or D = "[][A][7,D]
 Ex 6. Format: If a character is # or ; = CHAR:#;
 Ex 7. Format: If a character is lowercase = CHARCLASS:ALPHA-LOWER
 Format: If a field is all lowercase = FIELDCLASS:ALPHA-LOWER
 Format: If a field is all user defined = FIELDCLASS:a-d1-3(double hyphen)

The purpose of this portion of the edit is to show that Outpatient claims must have a "B" in the second character of the three-character insurance code. See the steps below for detail on how this format is set up:

- First Character: The first character may be any upper case alpha character.
 - Step 1: Literals are used here to show exactly what characters may be used in the first character of the financial class. The text above states that literals must be enclosed with brackets so brackets will be used: [].
 - Step 2: To represent the range of upper case letters from A to Z, a range would be used. Ranges are indicated by dashes so the first character may be anything from A-Z.
 - Joining steps 1 and 2 together, the first character is represented within the format as follows: [A-Z].

- Second Character: The second character of the insurance code for Outpatients must be a "B."
 - Step 3: Literals are used here to show exactly what characters may be used in the second character of the financial class. The text above states that literals must be enclosed with brackets so brackets will be used: [].
 - Step 4: The only valid character here would be a **B**.
 - To join steps 3 and 4 together, the format for the second character would be **[B]**.
- Third Character: The third character may be a space, number, or any alpha character.
 - Step 5: Character wildcarding, including spaces, is represented by a dollar sign. Since the third character may be anything, including a space, a \$ would be used. The dollar sign would not be enclosed in brackets because it is not a literal.
 - Steps 1-5 joined together for the format of a valid insurance code for an Outpatient would read as follows: **[A-Z][B]\$**. Select **OK** once complete.

THEN FLAG ACCOUNT:

- The Connector used is "THEN" because all of the criteria that must be met has been selected.
- **Field** is used this time to tell the system to "FLAG ACCOUNT" if the above criteria is met.

As stated previously, this section flows as a complete sentence: If the Original Financial Class is not private pay, "AND" the Stay Type is equal to 1 (Inpatient) *and* the format of the insurance code does not exclude a B as the second character, *OR* if the Stay Type is equal to 2 or 3 (Outpatient) *and* does not include a B as the second character "THEN" flag the account.

This edit could also be set up as two separate edits:

- The first edit would be set up to read as follows: If the Original Financial Class is not private pay, "AND" the Stay Type is equal to 1 (Inpatient) *and* the format of the insurance code does not exclude a B as the second character "THEN" flag the account.
- The second edit would be setup to read as follows: If the Original Financial Class is not private pay, "AND" the Stay Type is equal to 2 or 3 (Outpatient) *and* does not include a B as the second character "THEN" flag the account.

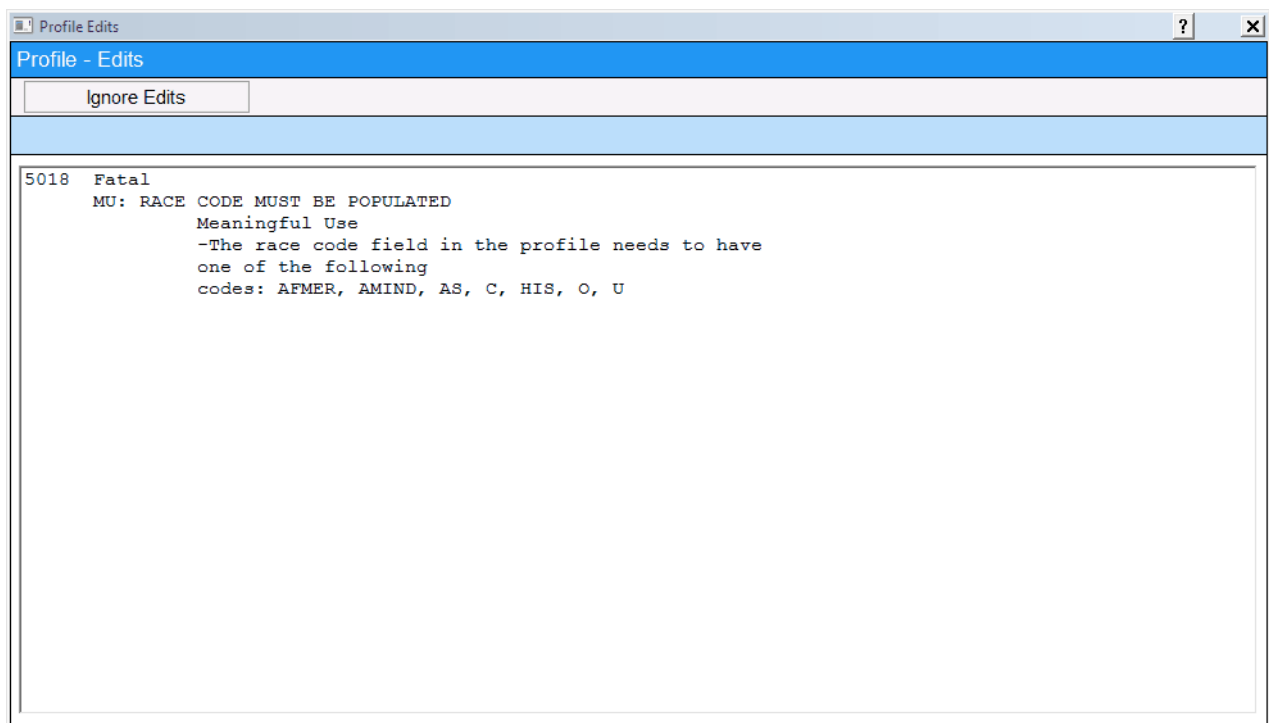
NOTE: "OR" joins these two edits as one edit in the initial example.

Select **Update** once an edit has been completely set up or modified in order to save the changes.

9.4 Using Profile Edits

After the Profile is complete, the Registration Edits that apply to the Profile will automatically display each time **Create New Visit** or **Create Temp Visit** is selected. Flagging the registrar that potential problems exist with the information entered for the patient. The edits may also be displayed from the Person Profile screen by selecting the **Misc Options** drop-down menu and then **Edits**.

Select **Web Client > System Menu > Hospital Base Menu > Profile Listing > Select patient > Misc Options > Edits**



Profile - Edits

This list not only provides the edits for the patient information entered but also shows the severity of each edit. In the example above there is one fatal edit and two edits that are warnings.

Ignore Edits: This option may be selected to complete the registration process without correcting the edits at this time.

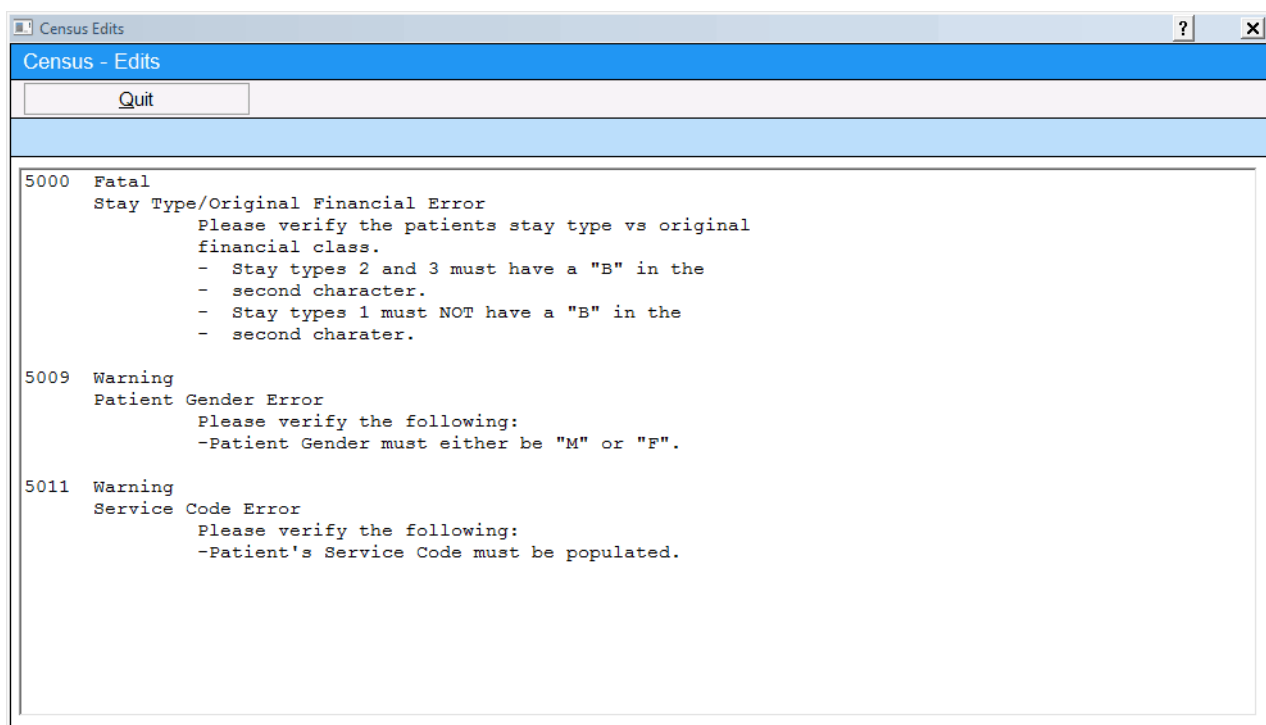
When the edit number is selected, the system will navigate the registrar to the Person Profile field(s) in which the edit is referencing. Make the necessary changes to the field(s) and select the arrow back option to return to the edits. The edit may point to multiple fields even though the changes may only be required for one of those fields. The edit that was corrected, if changed to meet the edit requirements, will no longer be displayed in the list of current edits. This process should be continued until there are no edits on the account.

NOTE: A Fatal edit should indicate that the edit must be corrected in order for registration to be considered correct. A Warning should indicate that the edit will need to be researched, but it may not be necessary to change any of the information entered. The ignore edit option will show based on how the Census Edit Control table is set for Fatal edits.

9.5 Using Census Edits

After the Registration is complete, the Registration Edits that apply to the account will automatically display, flagging the registrar that potential problems exist with the information entered for the patient. The edits may also be displayed from the Registration and ADT screen by selecting the **Misc Options** drop-down menu and then **Census Edit**.

Select **Web Client > System Menu > Hospital Base Menu > Patient Account # > Census > Misc Options > Census Edit**



Census - Edits

This list not only provides the edits for the patient information entered but also shows the severity of each edit. In the example above there are three fatal edits and one edit that is a warning.

Ignore Edits: This option may be selected to complete the registration process without correcting the edits at this time.

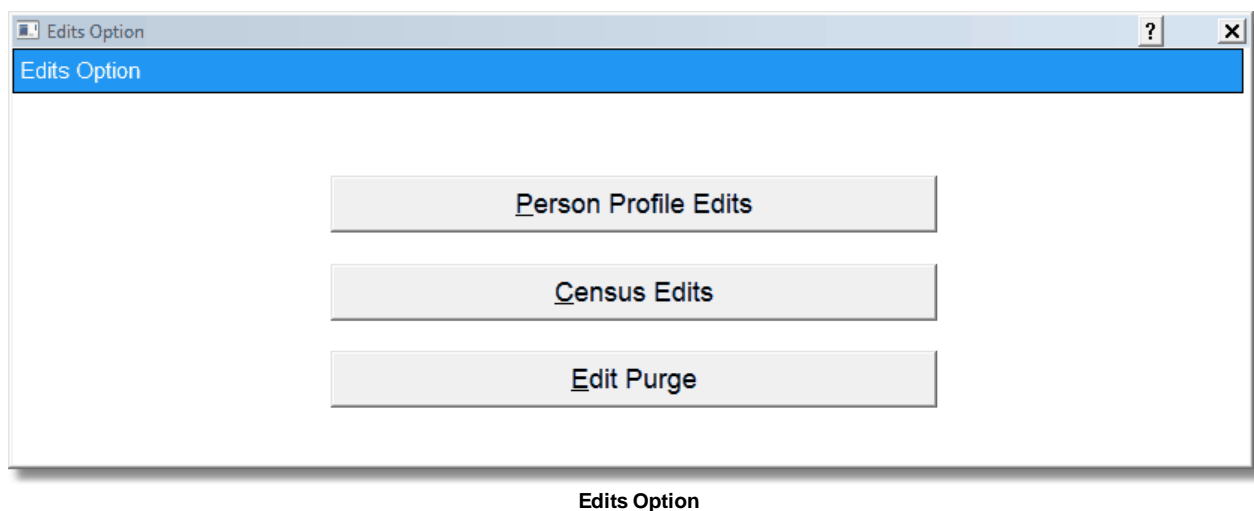
When the edit number is selected, the system will navigate the registrar to the field(s) in which the edit is referencing. Make the necessary changes to the field(s) and select the arrow back option to return to the edits. The edit may point to multiple fields even though the changes may only be required for one of those fields. The edit that was corrected, if changed to meet the edit requirements, will no longer be displayed in the list of current edits. This process should be continued until there are no edits on the account.

NOTE: A Fatal edit should indicate that the edit must be corrected in order for registration to be considered correct. A Warning should indicate that the edit will need to be researched, but it may not be necessary to change any of the information entered. The ignore edit option will show based on how the Census Edit Control table is set for Fatal edits.

9.6 Registration Edits Index

The Registration Edit Index provides a list of existing edits on profiles and accounts. This will make it possible to provide the registration staff with a workable list of profiles and accounts that have incorrect or missing information.

Select **Web Client > System Menu > Hospital Base Menu > Registration Edits**



Select the **Person Profile Edits** option to obtain a list of profiles with existing edits.

Select Web Client > System Menu > Hospital Base Menu > Registration Edits > **Person Profile Edits**

| Profile # | Patient Name | Edits |
|------------|----------------------|-------|
| 1000000354 | WRIGHT JEREMY | 1 |
| 0423273333 | KATHERINE BRODY H. | 1 |
| 1000000360 | BALDWIN DAVID JAY | 1 |
| 1000000363 | CLARK EMILY | 1 |
| 1000000366 | PETERSON JACK | 1 |
| 1000000367 | BOSARGE GLORIA | 1 |
| 1000000368 | BOSARGE GLORIA | 1 |
| 1000000369 | BOSARGE GLORIA | 1 |
| 1000000371 | SMITH ROBERT | 1 |
| 1000000374 | SMITH RODGER | 1 |
| 1000000375 | SMITH GABRIEL | 1 |
| 1000000376 | ALLAN FRANK | 1 |
| 1000000377 | ALLAN FRANK | 1 |
| 1000000378 | JAMES SALLY M | 1 |
| 1000000381 | JONES ROBERT | 1 |
| 1000000382 | THOMPSON DALE | 1 |
| 1000000383 | MOTT ALEXANDRIA | 1 |
| 1000000384 | SMITH ELLA CATHERINE | 1 |
| 1000000385 | CASSITY ASHLEY A | 1 |
| 1000000386 | SMITH ELLA CATHERINE | 1 |
| 1000000387 | KING CODY E | 1 |
| 1000000388 | ROTH OLIVER R | 1 |
| 1000000390 | HAYNES WHITNEY D | 1 |
| 1000000396 | LEBLANC JENNA ELISE | 1 |

Profile Edit - Index

- **Create Begin Date Create End Date:** Select a date range to begin and end the display of profiles. The date range will look to the Creation Date on the profile.
- **Search:** After selecting a creation date range, select this option to display desired profiles.

After selecting **Search**, the system will display the edits based on the above criteria. The following columns display:

- Profile number
- Patient name
- Number of edits for that account

NOTE: The above columns may be arranged in any order by clicking and dragging the column header.

To display a specific profile's edits, select the profile. The registration staff or supervisor may review and work the edits for that profile. Once all edits are complete for that profile, the system will return to the index where the user may select another profile.

Select the **Census Edits** option to obtain a list of accounts with existing edits.

Select Web Client > System Menu > Hospital Base Menu > Registration Edits > Census Edits

| Account # | Patient Name | Edits | Admit Initials | Original Initials |
|-----------|----------------------|-------|----------------|-------------------|
| 357856 | EDWARDS JESSICA LYNN | 1 | XXX | XXX |
| 357862 | JONES ROBERT | 2 | XXX | XXX |
| 357866 | REED GRACE ELLEN | 2 | XXX | XXX |

Census Edit - Index

- **Search By:** This option will delimit the accounts to be displayed. **Admit Date**, **Discharge Date**, **Entry Date** and **Expect Date** are available options.
- **Original Initials:** Entering the initials of the employee who originally registered the patient will delimit patients in the display. Leaving this field blank will allow all patients that have Registration Edits to show.
- **Begin Date End Date:** Select a date range to begin and end the display of accounts.
- **Search:** After selecting a **Search By** option and a date range, select this option to display desired accounts.

After selecting **Search**, the system will display the edits based on the above criteria. The following columns display:

- Patient's account number
- Patient name
- Number of edits for that account
- Admitting initials of registration staff
- Original initials of registration staff

NOTE: The above columns may be arranged in any order by clicking and dragging the column header.

To display a specific account's edits, select the account. The registration staff or supervisor may review and work the edits for that account. Once all edits are complete for that account, the system will return to the index where the user may select another account.

Profile Edit Report

The Profile Edit Report provides a list of all edits on profiles registered by each employee. This will make it possible to provide the registration staff with a list of profiles that have incorrect or missing information.

How to Print

1. Select **Registration Edits** from the Hospital Base Menu.
2. Select **Person Profile Edits**.
3. Select **Profile Edit Report**.
4. Select a print option.
5. Enter the date range for when the profile was created:
 - **Beginning Date**
 - **Ending Date**
 - **Summary Only:** Selecting this option will print the total of employee's edits and edit totals only. Leaving this field blank will print the report in detail, displaying the profiles that have edits.
 - **One Emp/Page:** Selecting this option will page break by each employee. This option will not be available if **Summary Only** is selected.
6. Select **Print** to print the report.

Description and Usage

This report will list profiles with edits that have been and have not been corrected in the Registration process. The Log field will need to be set to **Y** in the Registration Edits table in order for this Edit to be included in the report. This report may be printed to page break by employee.

Profile Edit Report

```

Run Date: 5/20/12      Community Hospital      PAGE 4
Time: 11:46           Profile Edit Report      AREDITRPT
                        From: 5/20/12 to: 5/20/12

Employee : ANDERSON DANIELLE M

-----
Name                Profile #   Date      Time          Total Ignored
-----
SMITH ELLA KATHERINE  0523147896  05/20/12  11:45:38       2       2

Edit Description                Total
-----
5100 EMAIL IS BLANK              1
5108 Profile - Ethnicity is blank  1
-----
                                2

Employee                Total Profiles  Total  Edits Ignored  % Ignored
-----
ANDERSON DANIELLE M      1         2       2         1.00

```

Listed below is an explanation of each column.

- **Employee:** The employee registering the profile.
- **Name:** The Name on the profile.
- **Profile#:** The Profile/Social Security Number that is attached to the profile.
- **Date:** The date the profile was created.
- **Time:** The time the profile edits were run.
- **Total:** Pulls the total number of edits for this profile.
- **Ignored:** This is the total number of edits that have not been corrected.
- **Edit Description:** Pulls from the Registration Edit table.
- **Total:** Pulls the total number for each edit not corrected on the profile.
- **Employee Total Section:** This list the total accuracy and edits for the employee.

Census Edit Report

The Census Edit Report provides a list of all edits on accounts registered by each employee. This will make it possible to provide the registration staff with a list of accounts that have incorrect or missing information.

How to Print

1. Select **Registration Edits** from the Hospital Base Menu.
2. Select **Census Edits**.
3. Select **Census Edit Report**.
4. Select a print option.
5. Enter the date range for when the profile was created:
 - **Beginning Date**
 - **Ending Date**
 - **Summary Only**: Selecting this option will print the total of employee's edits and edit totals only. Leaving this field blank will print the report in detail, displaying the profiles that have edits.
 - **One Emp/Page**: Selecting this option will page break by each employee. This option will not be available if **Summary Only** is selected.
6. Select **Print** to print the report.

Description and Usage

This report will list accounts with edits that have been and have not been corrected in the Registration process. The Log field will need to be set to **Y** in the Registration Edits table in order for this Edit to be included in the report. This report may be printed to page break by employee.

Census Edit ReportRun Date: 12/16/12
Time: 14:30Community Hospital
Census Edit Report
From: 9/24/12 To: 9/24/12PAGE 31
CNEDITRPT

Employee : Randall K Anderson

| | | Registration | | | Edits | |
|-------------------------------------|---------------|--------------|---------|------------|-------|-------------------|
| Acct # | Name | Date | Time | Type | Total | Ignored |
| 600647 | WILLIAMS GAIL | 09/24/10 | 8:06:55 | Full Reg | 18 | 36 |
| Edit Description | | | | | Total | |
| 5000 Stay Type/Original Financial E | | | | | 2 | |
| 5028 GUAR PHONE | | | | | 2 | |
| 5034 Medicare Contract Num | | | | | 2 | |
| 5036 Race | | | | | 2 | |
| 5053 Missing or Invalid Admit Date | | | | | 1 | |
| 5056 INVALID PHONE NUMBER | | | | | 2 | |
| 5057 ABN FIELD IS BLANK | | | | | 2 | |
| 5058 Guarantor cannot be a minor | | | | | 2 | |
| 5070 GUARANTOR CONTRACT CODE | | | | | 2 | |
| 5073 No Comment | | | | | 1 | |
| | | | | | 18 | |
| | | Accuracy | | | Edits | |
| Employee | | Regs | Errors | Accuracy % | Total | Ignored % Ignored |
| Randall K Anderson | | 1 | 1 | .00 | 18 | 36 2.00 |

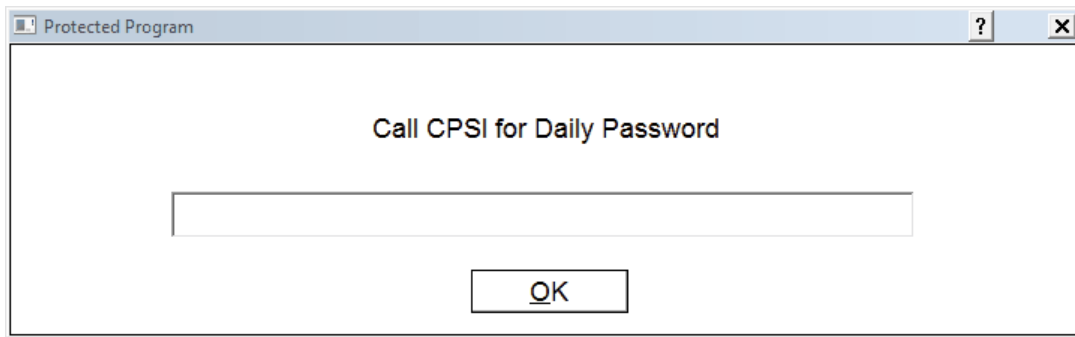
Listed below is an explanation of each column.

- **Employee:** Pulls from the Stay tab on Registration and ADT screen.
- **Acct#:** Pulls from the Registration and ADT screen.
- **Name:** Pulls from the Patient tab on Registration and ADT screen.
- **Date:** Pulls from the Stay tab on Registration and ADT screen.
- **Time:** Pulls from the Stay tab on Registration and ADT screen.
- **Type:** This pulls pre Registration or Full Registration.
- **Total:** Pulls the total number of edits for this patient.
- **Ignored:** This is the total number of edits that have not been corrected.
- **Edit Description:** Pulls from the Census Edit table.
- **Total:** Pulls the total number for each edit not corrected on the account.
- **Employee Total Section:** This list the total accuracy and edits for the employee.

Edit Purge

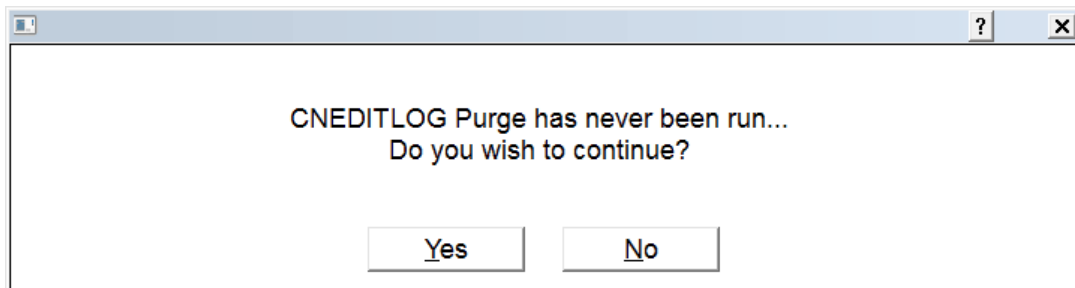
The Edit Purge will allow Registration Edits to be deleted as of a certain date from the Profile Edit and Census Edit reports. This will also allow edits from a single account to be deleted. In order to utilize the purge, the daily password will be needed.

From the Hospital Base menu select **Registration Edits** then **Edit Purge**. Enter the daily password.



Protected Program

Once the daily password is entered, if this is the first time this option has been utilized, the following prompt will display.

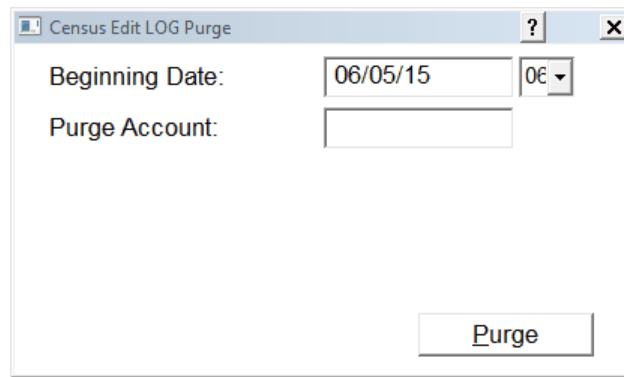


Purge

NOTE: If this is not the first time the Edit Purge has been run, a prompt will appear. It will show the last purge date, CSNUM of the employee that last ran the purge and also the as of date from which the purge was last run.

Selecting **Yes** to either of the above prompts will allow the following prompt to appear. Selecting **No** will return to the Registration Edits screen and not allow the purge to be run.

If **Yes** is selected the following options will be available.



Census Edit Log Purge

- **Beginning Date:** Enter the Beginning Date by selecting the drop-down box. All Registration Edits prior to this date will be deleted from the Profile Edit and Census Edit reports.
- **Purge Account:** Enter the patient's account number if only one account's edits will be deleted.

Chapter 10 Note Entry

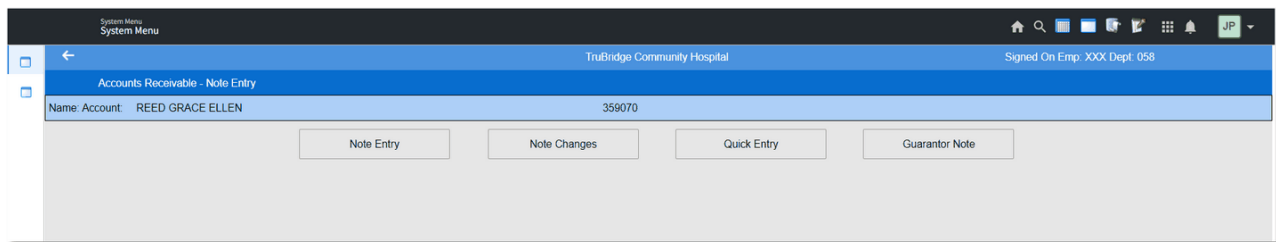
10.1 Overview

This section will explain the process to add notes to an account.

10.2 Note Entry Changes

Notes may be entered and saved to a patient's account by selecting **Note Entry/Changes** from the Patient Functions screen, or by Note Entry/Changes from the Registration and ADT screen.

Select **Web Client > System Menu > Hospital Base Menu > Patient Account # > Note Entry/Changes**



Accounts Receivable - Note Entry

- **Note Entry:** This option allows notes to be entered for a patient's account.
- **Note Changes:** This option displays all notes that have been entered for a patient's account.
- **Quick Entry:** This option will display the review code table from the Business Office Tables. A code may be selected to attach to the account rather than entering a free text note. The Quick note that will appear on the account is the description of the code. Once the description is highlighted, a prompt will appear "Are you sure?" Select **Yes** to apply the note to the Account Detail screen. On the Account Detail a code of **Q** for Quick Entry and the desired description will display. Selecting **No** will allow another code to be highlighted or the Quick Entry screen be exited.
- **Guarantor Note:** This option will allow notes to be added to the guarantor on the account and follow that guarantor to every account via the Guarantor Note screen. If there is no guarantor on the patient account, this option will not be accessible. See [Guarantor Note](#)^[217] for more information on how to add a note.

NOTE: The ability to change or delete a note is controlled by the Security Switches option, switch 48 in the Department or Employee Security Table. If this switch is set to **Y**, notes may be entered, changed and deleted. If set to **N**, only new notes may be entered.

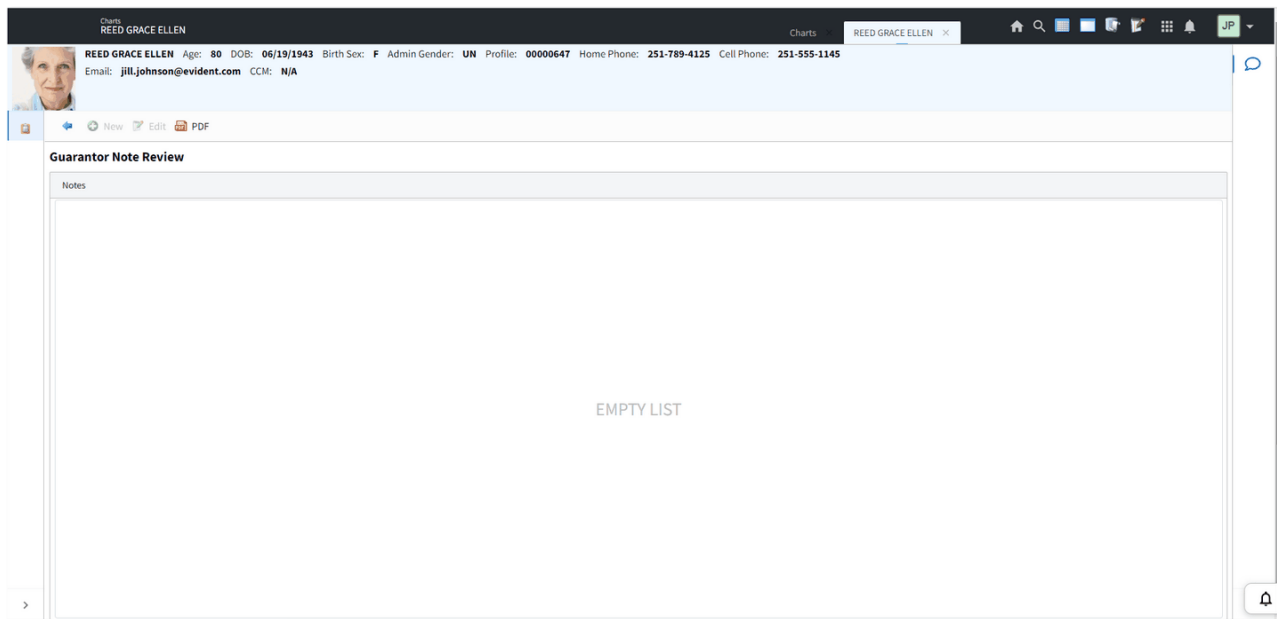
Any notes entered through Note Entry/Changes will remain associated with the account and can be viewed in the account detail.

Guarantor Note

Once Guarantor Note has been selected, any existing notes will display on the screen. To enter a new note, select **New** on the action bar.

NOTE: To add a new note, users will need the Behavior Control 'Add New Guarantor Note' set to allow

Select **Web Client > System Menu > Hospital Base Menu > Patient Account # > Note Entry/Changes > Guarantor Note**



Guarantor Note Review

Enter in the information for the note. To save the note select **Save** on the action bar.

Web Client will then return to the Guarantor Note Review screen. The new note will then display along with a time stamp and the name of the employee that entered the note. If needing to make changes to the note, select the note and then select **Edit** on the action bar. To print a copy of all the notes for the guarantor, select **PDF** on the action bar. To return to the Patient Functions screen select the **back arrow**.

NOTE: To edit a note, users will need the Behavior Control 'Edit Guarantor Note' set to allow

10.3 Patient Account Note

To add a note that will copy to a patient account each time a new account is created, select **Patient Account Note**, from the Patient Functions screen.

Any additions or changes to these notes on later accounts will automatically be added or changed on all previous accounts.

Once the Patient Account Note is entered on an account, it will appear on any account attached to or created from the Person Profile when the account is accessed.

If the account name, birthdate or Social Security number is changed on an account that has a Patient Account Note, the system will prompt "Remove Just Like Message from this Account?" Selecting **Yes** will keep the Patient Account Note message from copying over to subsequent accounts. Select **No**, and the Patient Account Note message will remain on the account.


NOTE: Notes entered through the **Patient Account Note** option will not display on the patient's account detail. To prevent this message from displaying in the future, delete the message from the **Patient Account Note** option and select **OK**. Refer to the section on [Contact/Billing Info](#) ⁶⁸ regarding the patient note that displays when the profile is accessed.

10.4 Note Entry for Multiple Accounts

To enter the same notes on multiple accounts select **Master Selection** from the Hospital Base Menu, and **Note Entry Multiple Accounts**.

Enter the note to be added to the patient's account detail. Once the desired note has been entered, select **OK**. Notes may be entered or changed using Notepad.

Once a note has been entered and **Ok** is selected, the system prompts for account numbers. An account(s) may be selected from **Patient List** or by entering an account number. Once an account has been selected, the patient's name, DOB, SSN, admit and discharge date will display. The prompts display and if answered **Y**, the system will add the note to the patient's account. Additional patient accounts may be selected. If answered **N**, the system will allow another account to be

selected. Continue this process until all accounts have been selected. Selecting the  back arrow icon will put the note on the patients' account detail.

NOTE: The notes entered through the **Note Entry Multiple Accounts Option** will pull to the patient's Account Detail and changes may be made through the **Note Entry/Changes option** from the **Patient Functions** screen.

The employee's initials that entered the notes will automatically display next to the note in the patient's account detail. Selecting **Initials**, at the bottom of the Account Detail screen, will display the initials of the person that entered the charge or note.